



# New Hampshire Medicaid Fee-for-Service (FFS) Program

## Prior Authorization

Adenosine triphosphate-citrate lyase inhibitor Medication

DATE OF MEDICATION REQUEST:    /    /

### SECTION I: PATIENT INFORMATION AND MEDICATION REQUESTED

LAST NAME:

FIRST NAME:

MEDICAID ID NUMBER:

DATE OF BIRTH:

GENDER:  Male  Female

Drug Name:

Strength:

Dosing Directions:

Length of Therapy:

### SECTION II: PRESCRIBER INFORMATION

LAST NAME:

FIRST NAME:

SPECIALTY:

NPI NUMBER:

PHONE NUMBER:

FAX NUMBER:

### SECTION III: CLINICAL HISTORY

- Does the patient have heterozygous familial hypercholesterolemia (HeFH)?  Yes  No
- Does the patient have established atherosclerotic cardiovascular disease (ASCVD)?  Yes  No
- Is the patient receiving maximally-tolerated statin?  Yes  No  
If yes, list medication: \_\_\_\_\_
- Will the patient continue to receive the statin?  Yes  No
- Has the patient achieved the target LDL-C with the current regimen?  Yes  No

(Form continued on the next page.)



**New Hampshire Medicaid Fee-for-Service (FFS) Program**

**Prior Authorization**

Adenosine triphosphate-citrate lyase inhibitor Medication

**DATE OF MEDICATION REQUEST:**     /     /

**PATIENT LAST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PATIENT FIRST NAME:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION III: CLINICAL HISTORY (Continued)**

6. In which high-risk group would the patient be considered?:

- Extremely high risk with an LDL-C  $\geq$  70 mg/dL
- Very high risk with an LDL-C  $\geq$  100 mg/dL
- High risk with an LDL-C  $\geq$  130 mg/dL

7. Please list lipid panel results: \_\_\_\_\_

8. *Nexlizet™ only*: Is the patient currently receiving gemfibrozil?  Yes  No

**I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.**

**PRESCRIBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_