Brand Fibrate (Antara, Fenoglide, Lipofen, Tricor, Triglide, Trilipix)

An Independent Licensee of the Blue Cross and Blue Shield Association

Prior Authorization Request (Physician to Complete)

Visit www.wellmark.com for the Wellmark Drug List for current medication tier levels and updated PA Forms

Facsimile Transmittal Sheet

Date: ______/______/______

To: Wellmark Pharmacy Services

From (Prescriber's Name): ______________________________

Fax Number: (866) 884-4345

Prescriber's DEA Number: ______________________________

Phone Number: (800) 600-8065

Prescriber's Phone Number: ______________________________

Prescriber's Specialty:________________

Prescriber's Fax Number: ______________________________

Prescriber's Office Address:____

Street   Suite #   City   State   Zip

Patient Name: ____

Patient ID: ______________________________ **Patient DOB:** ______________________________

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

Wellmark Step Therapy requires patients to try a generic fenofibrate, fenofibrate micronized, or gemfibrozil prior to moving to a brand Fibrate.

1. Select one:

STEP 1 **(NO PA Required)**	☐ fenofibrate (generic Lofibra tab) ☐ micronized fenofibrate (generic Lofibra cap) ☐ gemfibrozil (generic Lopid)	**NO PA REQUIRED**
STEP 2 **(Requires Step 1 Trial)**	☐ Antara (micronized fenofibrate) ☐ Fenoglide (fenofibrate) ☐ Lipofen (fenofibrate) ☐ Tricor (fenofibrate) ☐ Triglide (fenofibrate) ☐ Trilipix (choline fenofibrate)	1. Date Step 1 Medication Tried & Failed ______________________ 2. Reason for Discontinuation ______________________

2. Diagnosis:________________________________ Quantity Requested/30 days:____________

______________________________ ______________________________

Printed Name   Signature

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