



New Hampshire AIDS Drug Assistance Program

Prior Authorization Drug Approval Form

Familial Chylomicronemia Syndrome

DATE OF MEDICATION REQUEST: / /

SECTION I: PATIENT INFORMATION AND MEDICATION REQUESTED

LAST NAME:

Grid for last name input

FIRST NAME:

Grid for first name input

MEDICAID ID NUMBER:

Grid for Medicaid ID number input

DATE OF BIRTH:

Grid for date of birth input

GENDER: Male Female

Drug Name

Strength

Dosing Directions

Length of Therapy

SECTION II: PRESCRIBER INFORMATION

LAST NAME:

Grid for last name input

FIRST NAME:

Grid for first name input

SPECIALTY:

NPI NUMBER:

Grid for NPI number input

PHONE NUMBER:

Grid for phone number input

FAX NUMBER:

Grid for fax number input

SECTION III: CLINICAL HISTORY

- 1. Is the patient 18 years of age and older?
2. Does the patient have a diagnosis of familial chylomicronemia syndrome?
3. Does the patient have hypersensitivity to any component or any excipients of the product?





New Hampshire AIDS Drug Assistance Program
Prior Authorization Drug Approval Form
 Familial Chylomicronemia Syndrome

PATIENT LAST NAME:

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

PATIENT FIRST NAME:

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

4. Is the prescriber a cardiologist, endocrinologist, geneticist, or lipidologist, or has the prescriber consulted with a specialist in familial chylomicronemia syndrome? Yes No
5. Is there any additional information that would help in the decision-making process?
 If additional space is needed, please use a separate sheet.

SECTION IV: RENEWAL

1. Has the patient had clinical benefit with the use of Tryngolza™ or Redemplo®? Yes No
2. Has the patient experienced any treatment-restricting adverse effects? 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:** _____