



TEXAS MEDICAID Xenical Clinical Prior Authorization

Patient

Patient Name: _____ Medicaid ID No.: _____ Date of Birth: _____ Gender: _____

Address of Patient (Street, City, State and ZIP): _____

Area Code and Telephone No.: _____ Date patient last seen: _____

This is: Initial Certification (approved for 6 months) Recertification (approved for 1 year)

Diagnosis

Total Cholesterol: _____ mg/dL Date: _____

LDL: _____ mg/dL BMI: _____ mg/dL HDL: _____ Date: _____

Weight: _____ Height: _____

Does the patient have at least one of the following primary medical diagnosis (check all that apply)?

- Diabetes mellitus Hypertension Hyperlipidemia

Has the patient failed at least six (6) months of treatment due to an adverse event with one of the following (if yes, please identify):

HMG CoA Reductive Inhibitors No Yes: _____

Fibric Acid Derivatives No Yes: _____

Bile Acid Derivatives No Yes: _____

Nicotinic Acid No Yes: _____

Additional Information:

Physician

Physician Name: _____ License No.: _____ NPI: _____

Address of Physician: _____

Area Code and Telephone No.: _____ Area Code and Fax No.: _____

I certify that the indicated treatment is medically necessary and I will be supervising the patient's treatment:

Signature: _____ Date: _____

Confidential health information enclosed. The information contained in this facsimile transmission is confidential. It may also be subject to the attorney-client privilege, work product or proprietary information. This information is intended for the exclusive use of the addressee named above. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution (other than to the addressee named above), copying or the taking of any action because of this information is strictly prohibited. If you have received this information in error, please notify the sender immediately to arrange for return or destruction of these documents.

Fax the completed prior authorization form to NAVITUS at 1-855-668-8553.

Providers with questions should call the NAVITUS Texas Provider Hotline at 1-877-908-6023.