



Please Note: Medical Necessity Prior Authorization may be overridden for both formulary coverage and benefit design restrictions. They are issued at the full discretion of the benefit manager.

### PRIOR AUTHORIZATION **BYPASS**

### **Fibricor® (fenofibrin acid)**

Bypass the Prior Authorization by Modifying the following Prescription Forms to the Patient's Needs

Name \_\_\_\_\_  
 Address \_\_\_\_\_

**Rx**

MD \_\_\_\_\_  
 Signature \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_

**Rx** *gemfibrozil 600mg*  
*quantity #*  
*sig: 1 orally daily*

as directed by physician

**Dx: HYPERLIPIDEMIA**

**ICD 10: E 78.2**

MD \_\_\_\_\_  
 Signature \_\_\_\_\_

# SAMPLE