



Please complete ALL information below and fax your request to 1-888-671-5285

### Cholbam® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

| Member Information (required) |        |      | Provider Information (required) |            |      |
|-------------------------------|--------|------|---------------------------------|------------|------|
| Member Name:                  |        |      | Provider Name:                  |            |      |
| Insurance ID#:                |        |      | NPI#:                           | Specialty: |      |
| Date of Birth:                |        |      | Office Phone:                   |            |      |
| Street Address:               |        |      | Office Fax:                     |            |      |
| City:                         | State: | Zip: | Office Street Address:          |            |      |
| Phone:                        |        |      | City:                           | State:     | Zip: |

| Medication Information (required)  |                     |              |
|--|---------------------|--------------|
| Medication Name:   | Strength:           | Dosage Form: |
| <input type="checkbox"/> Check if generic substitution is acceptable     | Directions for Use: |              |
| <input type="checkbox"/> Check if request is for continuation of therapy |                     |              |

| Clinical Information (required)   |
|---|
| <p><b>Select the diagnosis below:</b></p> <input type="checkbox"/> Adjunctive treatment of peroxisomal disorder including Zellweger spectrum disorder in patients who exhibit manifestations of liver disease, steatorrhea or complications from decreased fat soluble vitamin absorption<br><input type="checkbox"/> Treatment of bile acid synthesis disorder due to single enzyme defect<br><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____        |
| <p><b>Prescriber's Specialty:</b></p> <p>Is Cholbam prescribed by a hepatologist or gastroenterologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| <p><b>Clinical Information:</b></p> <p>Is there documentation of extrahepatic manifestations of bile acid synthesis disorders due to single enzyme defects or peroxisomal disorders including Zellweger spectrum disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Reauthorization:</b></p> <p>Is there documentation of improved liver function tests from the start of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

---

---

Please note: This request may be denied unless all required information is received.