



Rezdiffra™ Prior Authorization Request Form

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

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
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 <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information <small>(required)</small>
<p>Select the diagnosis and list the rating scale and score below:</p> <input type="checkbox"/> Diagnosis of noncirrhotic nonalcoholic steatohepatitis (NASH) or metabolic dysfunction associated steatohepatitis (MASH) <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
<p>Clinical information:</p> <input type="checkbox"/> Patient has fibrosis stage F2 or F3. Submit documentation such as medical records or tests confirming fibrosis stage. <input type="checkbox"/> Patient does not have decompensated cirrhosis (Child-Pugh Class B or C) <input type="checkbox"/> Prescribed by or in consultation with a gastroenterologist or hepatologist
<p>Prescriber attests that the patient has been counseled and has agreed to adhere to the following:</p> <input type="checkbox"/> Prescriber attests patient is participating in a supervised comprehensive weight management program that encourages behavioral modification, reduced calorie diet, and increased physical activity

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.
 For urgent or expedited requests please call 1-855-401-4262.
 This form may be used for non-urgent requests and faxed to 1-844-403-1029.