



This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.

Additional forms available: www.express-scripts.com/pa

Fax completed form to **1-800-357-9577**
If this an **URGENT** request, please call 1-800-417-8164

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient ID#: _____

Patient DOB: _____

Patient Phone #: _____

Prescriber Information

Prescriber Name: _____

Prescriber DEA/NPI (required): _____

Prescriber Phone #: _____

Prescriber Fax #: _____

Prescriber Address: _____

State: _____ Zip Code: _____

Primary Diagnosis: _____ ICD Code: _____

Please indicate which drug and strength is being requested:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Altoprev 20mg | <input type="checkbox"/> Caduet 10mg-20mg | <input type="checkbox"/> Lescol 20mg | <input type="checkbox"/> Pravachol 40mg |
| <input type="checkbox"/> Altoprev 40mg | <input type="checkbox"/> Caduet 10mg-40mg | <input type="checkbox"/> Lescol 40mg | <input type="checkbox"/> Pravachol 80mg |
| <input type="checkbox"/> Altoprev 60mg | <input type="checkbox"/> Caduet 10mg-80mg | <input type="checkbox"/> Lescol XL 80mg Extended-Release Tab | <input type="checkbox"/> Vytorin 10mg-10mg |
| <input type="checkbox"/> Caduet 2.5mg-10mg | <input type="checkbox"/> Crestor 5mg | <input type="checkbox"/> Livalo 1mg | <input type="checkbox"/> Vytorin 10mg-20mg |
| <input type="checkbox"/> Caduet 2.5mg-20mg | <input type="checkbox"/> Crestor 10mg | <input type="checkbox"/> Livalo 2mg | <input type="checkbox"/> Vytorin 10mg-40mg |
| <input type="checkbox"/> Caduet 2.5mg-40mg | <input type="checkbox"/> Crestor 20mg | <input type="checkbox"/> Livalo 4mg | <input type="checkbox"/> Vytorin 10mg-80mg |
| <input type="checkbox"/> Caduet 5mg-10mg | <input type="checkbox"/> Crestor 40mg | <input type="checkbox"/> Mevacor 20mg | <input type="checkbox"/> Zocor 5mg |
| <input type="checkbox"/> Caduet 5mg-20mg | <input type="checkbox"/> Lipitor 10mg | <input type="checkbox"/> Mevacor 40mg | <input type="checkbox"/> Zocor 10mg |
| <input type="checkbox"/> Caduet 5mg-40mg | <input type="checkbox"/> Lipitor 20mg | <input type="checkbox"/> Pravachol 20mg | <input type="checkbox"/> Zocor 20mg |
| <input type="checkbox"/> Caduet 5mg-80mg | <input type="checkbox"/> Lipitor 40mg | | <input type="checkbox"/> Zocor 40mg |
| <input type="checkbox"/> Caduet 10mg-10mg | <input type="checkbox"/> Lipitor 80mg | | <input type="checkbox"/> Zocor 80mg |

Directions for use (i.e. QD, BID, PRN & Qty): _____

Please complete the clinical assessment:

1. Is the patient currently taking the requested medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Is the patient taking samples or paying 100% out of pocket for the medication being requested? If no, please indicate: <input type="checkbox"/> Requested medication covered under previous insurance plan <input type="checkbox"/> Started medication in hospital <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<p>3. Has the patient tried any of the following?</p> <table border="0"> <tr> <td><input type="checkbox"/> Crestor</td> <td><input type="checkbox"/> atorvastatin (generic)</td> </tr> <tr> <td><input type="checkbox"/> Lipitor</td> <td><input type="checkbox"/> lovastatin (generic)</td> </tr> <tr> <td><input type="checkbox"/> Vytorin</td> <td><input type="checkbox"/> pravastatin (generic)</td> </tr> <tr> <td><input type="checkbox"/> Mevacor (Brand)</td> <td><input type="checkbox"/> simvastatin (generic)</td> </tr> <tr> <td><input type="checkbox"/> Pravachol (Brand)</td> <td><input type="checkbox"/> amlodipine/atorvastatin (generic)</td> </tr> <tr> <td><input type="checkbox"/> Zocor (Brand)</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p>If no, please explain: _____ _____</p>	<input type="checkbox"/> Crestor	<input type="checkbox"/> atorvastatin (generic)	<input type="checkbox"/> Lipitor	<input type="checkbox"/> lovastatin (generic)	<input type="checkbox"/> Vytorin	<input type="checkbox"/> pravastatin (generic)	<input type="checkbox"/> Mevacor (Brand)	<input type="checkbox"/> simvastatin (generic)	<input type="checkbox"/> Pravachol (Brand)	<input type="checkbox"/> amlodipine/atorvastatin (generic)	<input type="checkbox"/> Zocor (Brand)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Crestor	<input type="checkbox"/> atorvastatin (generic)													
<input type="checkbox"/> Lipitor	<input type="checkbox"/> lovastatin (generic)													
<input type="checkbox"/> Vytorin	<input type="checkbox"/> pravastatin (generic)													
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<input type="checkbox"/> Pravachol (Brand)	<input type="checkbox"/> amlodipine/atorvastatin (generic)													
<input type="checkbox"/> Zocor (Brand)	<input type="checkbox"/> Other: _____													

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

Prescriber Signature: _____	Date: _____
Office Contact Name: _____	Phone Number: _____

Based upon each patient’s prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

The document(s) accompanying this transmission may contain confidential health information. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this information in error, please notify the sender immediately and arrange for the return or destruction of the documents.