



# STATIN STEP THERAPY PRIOR AUTHORIZATION REQUEST PHYSICIAN FAX FORM

**Only the prescriber may complete this form**

The following documentation is **REQUIRED** for prior authorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Kansas Web site at [www.bcbsks.com](http://www.bcbsks.com)

Today's Date: \_\_\_\_\_

### PATIENT INFORMATION

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:		City, State, Zip	Patient Telephone:

### INSURANCE INFORMATION

BCBS ID Number:	Group Number:
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### PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:		Clinic Address:	
City, State, Zip:		Phone #:	Secure Fax #:

### PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Patient's Diagnosis - ICD-9 code plus description:	
Medication Requested:	Strength:
Dosing Schedule:	Quantity per Month:
1. Patient's baseline (pretreatment) fasting lipid panel: Total Cholesterol _____ Triglycerides _____ HDL _____ LDL _____	
2. Patient's goal LDL _____ OR goal % LDL reduction _____	
3. Is the patient currently treated with the requested medication? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was treatment with the requested medication started? _____	
4. Please list all reasons for selecting the requested <b>medication</b> over alternatives (e.g. contraindications, allergies or history of adverse drug reactions to alternatives.) _____ _____ _____	
5. Please list all other medications the patient is <b>currently taking for treatment of this diagnosis.</b> _____ _____	
6. Please list all medications the patient has <b>previously tried and failed for treatment of this diagnosis.</b> (Please specify if the patient has tried brand-name products, generic products or over-the-counter products.) _____ _____	

**Please fax or mail this form to:**

Prime Therapeutics LLC  
Clinical Review Department  
1305 Corporate Center Drive  
Eagan, Minnesota 55121

**TOLL FREE**

**Fax:** 877.480.8130    **Phone:** 866.469.5660

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