

## Pharmacy Pre-authorization Form: Statin Medications

Note: USE THIS FORM ONLY when seeking pre-authorization for coverage of prescriptions for STATIN DRUGS. Simvastatin, Lovastatin and pravastatin are the preferred statin choices for ConnectiCare members.

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Physician Specialty: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Physician Address: \_\_\_\_\_

Member DOB: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_

**DIAGNOSIS/ICD9/ICD10 CODE (REQUIRED):**  
\_\_\_\_\_

Physician Fax/E-mail: \_\_\_\_\_

Medication requested (check one):

- Livalo                       Lescol XL                       Vytorin

<p>1. Has patient failed adequate trials of BOTH a generic statin (simvastatin, pravastatin or lovastatin) AND Lipitor OR Crestor?  <i>If "Yes," CHART NOTES to document trial or intolerance are REQUIRED if a claim history is not found. Use of samples for 90 days will not be accepted.</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Patient's baseline LDL-C prior to lipid drug therapy _____ Date _____ Patient's current LDL-C _____ Date _____ LDL-C Goal _____</p>		

Percent LDL-C Reduction per Dose for Statins (per product package insert):

	5 mg/day	10 mg/day	20 mg/day	40 mg/day	60 mg/day	80 mg/day
Lovastatin (Mevacor)	N/A	21%	27%	31%	N/A	42%
Pravastatin (Pravachol)	N/A	22%	32%	34%	N/A	37%
Simvastatin (Zocor)	26%	30%	38%	41%	N/A	47%
Lescol <sup>®</sup> XL (fluvastatinER)	N/A	N/A	N/A	N/A	N/A	35%
Lipitor <sup>®</sup> (atorvastatin)	N/A	39%	43%	50%	N/A	60%
Crestor <sup>®</sup> (rosuvastatin)	45%	52%	55%	63%	N/A	N/A
Vytorin <sup>™</sup> (ezetimibe/simvastatin)	N/A	45%	52%	55%	N/A	60%
Livalo <sup>®</sup> (pitavastatin)	1mg-32%	2mg-36%	4mg-43%			

**For ConnectiCare Use Only**

Date reviewed: \_\_\_\_\_

Approved/denied (circle one) by: \_\_\_\_\_ Approval expiration date: \_\_\_\_\_

Comments: \_\_\_\_\_

ConnectiCare Pharmacy Services: FAX — 1-800-249-1367, or e-mail — [pharmacy@connecticare.com](mailto:pharmacy@connecticare.com)  
To speak to a Medical Director or Pharmacist regarding a pre-authorization decision, call 1-800-828-3407.

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.  
The information in this document does not apply to ConnectiCare VIP Medicare plan members.*