



**USPSTF Copay Free Statin
Coverage for Primary
Prevention Request Form**

**Cleveland Clinic/Akron General
EHP Pharmacy Management**

Questions? Call 216.986.1050, option 4.

Please complete this form and return via fax: 216.442.5790.

Member Name: _____		
Member EHP Insurance ID Number: _____		Member DOB: _____
Requesting Physician's Name: _____		
Office Phone Number: _____		Office Fax Number: _____
Requesting Physician's Signature: _____		Date: _____
Requested Statin: _____		
Strength: _____	Quantity: _____	Dosage Regiment: _____

Please answer the following questions in regards to the member (Patient):

1. Age _____ (Must be aged 40 to 75)
2. History of cardiovascular disease (CVD)? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Copay free statin is for primary prevention only)</i>
3. ≥1 CVD risk factors (<i>i.e.</i> , dyslipidemia, diabetes, hypertension, or smoking)? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Gender? Male <input type="checkbox"/> Female <input type="checkbox"/>
5. Race? White <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/>
6 Total cholesterol _____ mg/dL; HDL cholesterol _____ mg/dL; LDL cholesterol _____ mg/dL
7. Systolic blood pressure _____ mm Hg
8. History of diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. On treatment for hypertension? Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Smoker? Yes <input type="checkbox"/> No <input type="checkbox"/> Former <input type="checkbox"/> (Quit date: ___ / ___ / ___)
11. On statin therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Copay free statin is for low- or moderate-intensity statin only)</i>
12.. On aspirin therapy? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Known history of familial hypercholesterolemia? Yes <input type="checkbox"/> No <input type="checkbox"/>

Internal Use Only: DO NOT WRITE BELOW

Medical	Pharmacy		MDR Outcome
Approved Tier 1	Initial Determination	Provider 1st Level	Approved
Approved Tier 2	Member 1st Level	Provider 2nd Level	Denied
Denied	Member 2nd Level	External Review	Peer-to-Peer