

**USPSTF Copay Free
Statin Coverage Request Form**



Cleveland Clinic

Employee Health Plan Pharmacy Management

Questions? Call: 216.986.1050, option 4

Please complete this form and return via fax: 216-442-5790

Patient Name: _____

Patient EHP Insurance ID Number: _____ Patient DOB: _____

Requesting Physician's Name: _____

Office Phone Number: _____ Office Fax Number: _____

Requesting Physician's Signature: _____ Date: _____

Requested Statin: _____

Strength: _____ Quantity: _____ Dosage Regimen: _____

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

1. Age 40 to 75 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. History of cardiovascular disease (CVD)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. ≥1 CVD risk factors (ie 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 If currently on a statin, please provide lipid values prior to statin therapy
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"/>
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 1 st Level	Approved
Approved Tier 2	Member 1 st Level	Provider 2 nd Level	Denied
Denied	Member 2 nd Level	External Review	Peer-to-Peer