

**Community Care of Wake and Johnston Counties
MD Easy™ Form – Statins**

This form MUST BE FAXED to the PHARMACY

Practice Information		Patient Information	
Practice Name		Patient Name	
Practice Address		Patient Address	
Practice City, State, Zip		Patient City, State, Zip	
Practice Phone	Practice Fax	Date of Birth	Medicaid ID
Pharmacy Information		Originally Prescribed Statin	
Pharmacy Name		Drug Name/Strength	
Pharmacy Phone	Pharmacy Fax	Last Filled	Quantity

Statins Prior Authorization Criteria

Criteria for Brand Name Statins/Statin Combinations or Zetia:

1. Generic Lovastatin, Pravastatin, and Simvastatin will not require prior approval.

2. Criteria to use Brand Name Statins, Statin Combinations, and Zetia:

Documented failure of generic simvastatin, after a period of at least two months on the maximum tolerated dose.

Exemptions:

- Documented contraindication to, allergy to, or intolerable side effect from Simvastatin, Lovastatin, and Pravastatin.
- Patients with coronary artery disease or diabetes who are currently receiving Lipitor 80 mg, Crestor 20 mg, or Crestor 40 mg.
- Patients with familial hyperlipidemia are exempt from the criteria.

**** Pharmacist may override the prior authorization at point-of-sale if the prescriber writes on the face of the prescription in his/her own handwriting: "Meets PA Criteria". ****

Please select from below and fax to patient's pharmacy **OR** rewrite a prescription for the patient's original statin therapy and handwrite "meets PA criteria" on the face of the prescription.

****Attention Pharmacists****

*Please discontinue originally prescribed Fibrate listed above and change patient to the approved therapy below.
If the patient does not immediately need this prescription, please keep it on file for the next refill.*

STATIN THERAPY

- | | | |
|---|--|--|
| <input type="checkbox"/> Lovastatin 10 mg | <input type="checkbox"/> Pravastatin 10mg | <input type="checkbox"/> Simvastatin 5 mg |
| <input type="checkbox"/> Lovastatin 20 mg | <input type="checkbox"/> Pravastatin 20 mg | <input type="checkbox"/> Simvastatin 10 mg |
| <input type="checkbox"/> Lovastatin 40 mg | <input type="checkbox"/> Pravastatin 40 mg | <input type="checkbox"/> Simvastatin 20 mg |
| | <input type="checkbox"/> Pravastatin 80 mg | <input type="checkbox"/> Simvastatin 40 mg |
| | | <input type="checkbox"/> Simvastatin 80 mg |

Directions: _____

Dispense #: _____ Refill#: _____

Prescriber Signature: _____ Date: _____

Prescriber Name (please print): _____ DEA/NPI: _____

Note: By signing this document & checking the substitution above, you are consenting to this being a legal prescription & the pharmacy should fill it as such.