SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: ACA Copay Waiver for High dose Statins

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Coverage at zero-dollar cost share will be approved based on ALL the following criteria:

- ❑ Member is ≥ 40 years to ≤ 75 years of age
- ❑ Requested medication and dose has been prescribed for primary prevention of cardiovascular disease (CVD)
- ❑ Member does **NOT** have a history of (or signs or symptoms of) CVD (e.g., symptomatic coronary artery disease, ischemic stroke)
- ❑ Member has at least **ONE** of the following CVD risk factors:
  - ❑ Dyslipidemia
  - ❑ Diabetes
  - ❑ Hypertension
  - ❑ Member is a smoker
- ❑ Member has an estimated 10-year CVD event risk of 10% or greater
- ❑ Prescriber attests requested medication and dose is medically necessary

Approved by Pharmacy and Therapeutics Committee: **9/21/2023**
REVISED/UPDATED: 11/6//2023