Crestor (rosuvastatin)
Antilipidemic Drugs I - Prior Authorization Request Form

5625

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Mail Order Pharmacy (TMOP) *OR* the TRICARE Retail Pharmacy Program (TRRx). Express Scripts is the TMOP and TRRx contractor for DoD.

MAIL ORDER and RETAIL	• The provider may **call**: **1-866-684-4488** or the completed form may be **faxed** to: **1-866-684-4477** • The patient may attach the completed form to the prescription and **mail** it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954** or **email** the form only to: **TpharmPA@express-scripts.com**

Prior authorization criteria and a copy of this form are available at: **http://pec.ha.osd.mil/forms_criteria.php.** This prior authorization has no expiration date.

Step 1 **Please complete patient and physician information** (please print):

Patient Name: _____ Physician Name: _____

Address: _____ Address: _____

_____ _____

Sponsor ID # _____ Phone #: _____

Date of Birth: Secure Fax #:

Step 2 **Please complete the clinical assessment:**

1. Is the request for Crestor 5 mg?	☐ Yes Proceed to Question 2	☐ No Proceed to Question **3**
2. Has the patient had a trial of lovastatin (Mevacor)**, pravastatin** (Pravachol)**, simvastatin** (Zocor)**, or Lipitor** (atorvastatin)**?**	☐ Yes Please sign and date below	☐ No Proceed to Question **4**
3. Has the patient had a trial of Lipitor (atorvastatin) **at a dose greater than or equal to 40 mg OR simvastatin** (Zocor) **80 mg[1] ?**	☐ Yes Please sign and date below	☐ No Proceed to Question 4
4. Is the patient taking a concurrent drug that is metabolized by the CYP3A4 system?	☐ Yes Please sign and date below	☐ No Proceed to Question 5
5. Does the patient require an LDL lowering greater than 55%?	☐ Yes Please sign and date below	☐ No Proceed to Question 6
6. Does the patient require primary prevention with Crestor (rosuvastatin) **and is not able to take Lipitor** (atorvastatin)**?**	☐ Yes Please sign and date below	☐ No Coverage not approved

[1] The FDA has updated the labeling for simvastatin 80 mg warning of the potential increased risk of muscle injury with the 80 mg dose of simvastatin compared to lower doses of simvastatin and possibly other statin drugs. Patients are not required to try simvastatin 80 mg; the criteria notes this dose for those patients who may have already tried simvastatin 80 mg.

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____

Prescriber Signature Date

Implementation: 6 October 2010