LIPID MANAGEMENT STEP THERAPY
PHYSICIAN FAX FORM

FirstPlan of Minnesota - Providing comprehensive coverage in your community since 1944.

ONLY the prescriber may complete this form.

The following documentation is REQUIRED. Incomplete forms will be returned for additional information. For formulary information, please visit the FirstPlan web site at www.firstplan.org.

Today's Date: ______________________

PATIENT INFORMATION

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):	Patient Telephone Number:

HEALTH PLAN INFORMATION

Blue Cross ID Number:	Group Number:

PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Patient's Diagnosis:

Medication Requested: Strength:

Dosing Schedule: Quantity per Month:

1. Patient's baseline (pretreatment) fasting lipid panel:
   Total Cholesterol __________ TRI __________ HDL _________ LDL _____________
2. Patient's goal LDL ______________ OR goal % LDL reduction ___________
3. Is the patient currently treated with the requested medication? .... ☐ Yes ☐ No
   If yes, when was treatment with the requested medication started? __________________________
4. Has the patient previously tried SIMVASTATIN 80 mg? .... ☐ Yes ☐ No
5. Please list all other medications and doses the patient has **previously tried and failed for treatment of this diagnosis.** (Please specify if the patient has tried BRAND NAME PRODUCTS or GENERIC PRODUCTS.) _________
6. Please list all reasons for selecting the requested **medication** over alternatives (e.g. contraindications, allergies or history of adverse drug reactions to alternatives.) _________
7. Please list any other medications the patient will use in **combination** with the requested medication for treatment of this diagnosis. _________

Please fax or mail this form to:
Prime Therapeutics LLC
Clinical Review Department
1020 Discovery Road, No. 100
Eagan, Minnesota 55121

TOLL FREE

Fax: 877.480.8130 **Phone:** 866.202.3474

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