

**Only** the prescriber may complete this form for prospective reviews.  
The following documentation is **REQUIRED**. Incomplete forms will be returned for additional information.  
For formulary information, please visit [NebraskaBlue.com](http://NebraskaBlue.com).  
Visit [MedicalPolicy.NebraskaBlue.com](http://MedicalPolicy.NebraskaBlue.com) to fill out this form electronically.

**What is the priority level of this request?**

- Standard review - Completed within 15 calendar days of receipt.
- Expedited/Urgent review - If the standard time period for a decision could seriously jeopardize the life or health of patient could not be adequately managed; completed within 72 hours of receipt.

**Patient Information**

Today's Date: \_\_\_\_\_

Patient Name:	Patient DOB (mm/dd/yyyy):
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**Insurance Information**

BCBSNE ID Number:
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**Physician/Clinic Information**

Prescriber Name:	Specialty:	
Clinic Name and Address:		
Clinic City, State, ZIP Code:	Phone Number:	Secure Fax Number:

**Required Information**

1. Medication requested: \_\_\_\_\_
2. When did the patient start treatment with requested medication? \_\_\_\_\_
3. Patient's diagnosis (ICD 10 code): \_\_\_\_\_
4. Does the patient have a calculated 10-year risk of a cardiovascular event of 10% or greater per the American College of Cardiology and American Heart Association's Atherosclerotic Cardiovascular Disease (ASCVD) calculator?     Yes    No  
  
Please provide the calculated 10-year risk of a cardiovascular event: \_\_\_\_\_  
\_\_\_\_\_
5. Is the patient 40-75 years of age (inclusive)?     Yes    No
6. Is the requested statin for use in the primary prevention of cardiovascular disease (CVD)?     Yes    No
7. Does the patient have at least one of the following risk factors: dyslipidemia, diabetes, hypertension, or smoking?     Yes    No
8. Has the requested medication been approved for coverage under the current pharmacy benefit?     Yes    No

**Please fax or mail this form to:**  
Blue Cross and Blue Shield of Nebraska  
Pharmacy Department - UM  
1919 Aksarben Drive • PO Box 3248  
Omaha, NE 68180-000  
**Fax:** 877-232-6726  
**Phone:** 877-999-2374

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