



**Liptior
(80mg only)
(atorvastatin)**

**Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922**

Please have the information below ready when calling in the authorization.

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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<p>1. Does the member have one or more of the following diagnoses or indications for Lipitor 80mg?</p> <ul style="list-style-type: none"><input type="checkbox"/> Prevention of Cardiovascular Disease<input type="checkbox"/> Hypercholesterolemia
<p>2. Has the patient tried and failed to achieve adequate lipid lowering outcomes on at least a one month trial of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Vytorin 10/40 mg/day (or Simvastatin 40 mg/day)<input type="checkbox"/> Vytorin 10/80 mg/day (or Simvastatin 80 mg/day)
<p>3. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</p>

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.