



Precertification Request Form for

Medications which contain simvastatin 80mg

Precertification for medications which contain simvastatin 80mg requires completion of this form in its entirety. All requested data must be provided. Once completed the form must be signed by the medical provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126. Incomplete forms may result in denial of requested medication due to lack of needed information.

The Food and Drug Administration (FDA)'s recommendation is that the use of medications which contain 80mg of simvastatin be sharply curtailed because of the risk of muscle injury and should only be used by patients who have been taking it for 12 months or longer without ill effect.

Table with 2 main columns: Provider Information and Patient Information. Rows include Physician's Name, Specialty, NPI #, Mailing Address, City, State, Zip Code, Phone #, Fax #, Patient's Name, BCBSAZ Member ID, Date of Birth, Gender, Patient's Address, City, State, Zip Code.

Medication Information section with fields for Medication Name & Strength, Directions for Use & Duration, Diagnosis Code, and Diagnosis.

Three question sections (A, B, C) regarding patient age, medication duration, and supporting documentation.

Physician's Signature and Date fields.