



Pharmacy Prior Approval Request for PCSK9 Inhibitors

Beneficiary Information

1. Beneficiary Last Name: 2. First Name: 3. Beneficiary ID #: 4. Beneficiary Date of Birth: 5. Beneficiary Gender:

Prescriber Information

6. Prescribing Provider NPI #: 7. Requester Contact Information - Name: Phone #: Ext.:

Drug Information

8. Drug Name: 9. Strength: 10. Quantity Per 30 Days: 11. Length of Therapy (In days):

Clinical Information

Clinical Questions for All PCSK9 Inhibitors:

- 1. Is the beneficiary currently taking the maximum dose... 2. Is the beneficiary's LDL level >= 70mg/dl... 3. Does the beneficiary have a significant intolerance... 4. Has documentation of clinically significant intolerance... 5. Baseline LDL before statin treatment: 6. LDL after statin treatment: **LDL lab results before and after statin treatment must be attached to this prior approval request** 7. Will high dose atorvastatin... be continued with the PCSK9 inhibitor?

Clinical Questions for Praluent:

- 8. Is the beneficiary 18 years of age or older? 9. Does the beneficiary have a diagnosis of Heterozygous Familial Hypercholesterolemia? 10. Does the beneficiary have a diagnosis of Homozygous Familial Hypercholesterolemia? 11. Does the beneficiary have clinical atherosclerotic cardiovascular disease... 12. Does the beneficiary have a diagnosis of Severe Primary Hyperlipidemia (defined as LDL-C >= 190mg/dL)?

Clinical Questions for Repatha:

- 13. Does the beneficiary have a diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH)? 14. Does the beneficiary have a diagnosis of Homozygous Familial Hypercholesterolemia (HoFH)? 15. Is the beneficiary 10 years or older? 16. Does the beneficiary have clinical atherosclerotic cardiovascular disease... 17. Does the beneficiary have a diagnosis of Severe Primary Hyperlipidemia (defined as LDL-C >= 190mg/dL)?

Continuation Questions for Praluent and Repatha:

- 18. Has the provider submitted documentation that indicates a positive clinical response to therapy with this request? 19. Is the beneficiary continuing to receive other lipid-lowering therapy? 20. Is the beneficiary currently receiving more than one PCSK9 inhibitor?

Signature of Prescriber: Date:

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.