

PCSK9 INHIBITORS AND SELECT LIPOTROPICS PRIOR AUTHORIZATION REQUEST FORM



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Today's Date

/ /

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid #	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Patient's Name	Prescriber's Name		
Prescriber's IN License #	<input type="text"/>	Specialty	
Prescriber's NPI #	<input type="text"/>	Prescriber's Signature	
Return Fax #	<input type="text"/> - <input type="text"/> - <input type="text"/>	Return Phone #	<input type="text"/> - <input type="text"/> - <input type="text"/>
Check box if requesting retro-active PA	<input type="checkbox"/>	Date(s) of service requested for retro-active eligibility (if applicable):	

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication	Strength	Quantity	Dosage Regimen

PA Requirements for Evkeeza (evinacumab-dgnb):

- Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) Yes No
- Medication prescribed by, or in consultation with, a cardiologist or endocrinologist Yes No
- Select one of the following:
 - Member is 1 year of age or older and less than 7 years of age
 - Member is 7 years of age or older and less than 10 years of age and one of the following:
 - i. Member has trial and failure history of at least 90 days of therapy with rosuvastatin 20 mg Yes No
 - ii. Provider has submitted documentation of intolerance/contraindication to rosuvastatin Yes No
 - Member is 10 years of age or older and less than 18 years of age and one of the following:
 - i. Member has trial and failure history with Repatha (evolocumab) Yes No
Drug/dose/date(s): _____
 - ii. Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has

submitted medical justification for use of Evkeeza (evinacumab-dgnb) over Repatha (evolocumab) Yes No

Drug/dose/date(s): _____

Member is 18 years of age or older and one of the following:

i. Member has trial and failure history with Praluent (alirocumab) OR Repatha (evolocumab)

Yes No

Drug/dose/date(s): _____

ii. Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Evkeeza (evinacumab-dgnb) over Praluent

(alirocumab) and Repatha (evolocumab) Yes No

Drug/dose/date(s): _____

4. Select one of the following:

Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Evkeeza (for those 7 years of age and older)

Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy

5. Requested dose is 15 mg/kg every 4 weeks or less Yes No

Member weight: _____ LB / KG (circle one)

PA Requirements for Juxtapid (lomitapide mesylate):

1. Member is enrolled in the Juxtapid/lomitapide REMS program and prescriber is monitoring in accordance with REMS requirements Yes No

2. Member is 18 years of age or older Yes No

3. Medication prescribed by, or in consultation with, a cardiologist or endocrinologist Yes No

4. Select one of the following:

Member has trial and failure history of Praluent (alirocumab) or Repatha (evolocumab)

Drug/dose/date(s): _____

Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Juxtapid (lomitapide mesylate) over Praluent (alirocumab) and Repatha (evolocumab)

Drug/dose/date(s): _____

5. For those of childbearing potential, documentation of a negative pregnancy test obtained in the past 30 days is attached and prescriber has counseled member on risks associated with conceiving while utilizing Juxtapid and appropriate methods of contraception Yes No

Prescriber Name and Signature: _____

6. Select one of the following:

Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Juxtapid

Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy

7. Requested dose is 60 mg/day or less Yes No

PA Requirements for Leqvio (inclisiran):

1. Select one of the following:
 - Member has a diagnosis of primary hyperlipidemia with clinical atherosclerotic cardiovascular disease (ASCVD) or is at increased risk for ASCVD with a baseline LDL-C level of ≥ 55 mg/dL (documentation required)
 - Member has diagnosis of heterozygous familial hypercholesterolemia (HeFH) with a baseline LDL-C level of ≥ 70 mg/dL (documentation required)
2. Member is 18 years of age or older Yes No
3. Prescribed by, or in consultation with, a cardiologist or endocrinologist Yes No
4. Select one of the following:
 - Member has trial and failure history of Praluent (alirocumab) or Repatha (evolocumab)
Drug/dose/date(s): _____
 - Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Leqvio (inclisiran) over Praluent (alirocumab) and Repatha (evolocumab)
Drug/dose/date(s): _____
5. Select one of the following:
 - Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Leqvio
 - Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy
6. Select one of the following:
 - Member is initiating therapy and requested dose does not exceed 284 mg every 3 months
 - Member is established on therapy and requested dose does not exceed 284 mg every 6 months

PA Requirements for Niacin ER

1. Diagnosis of severe hypertriglyceridemia (baseline triglycerides ≥ 500 mg/dL) Yes No
If Yes, then select one of the following:
 - Member is on concurrent therapy with all of the following for at least 90 days: omega-3 fatty acid (omega-3-acid ethyl esters or icosapent ethyl), fibric acid derivative, statin therapy
Drug/dose/date(s): _____
 - Member has a documented intolerance of omega-3 fatty acid, fibric acid derivative, AND statin therapy OR medical justification for use of Niacin ER over omega-3 fatty acid, fibric acid derivative, AND statin therapy
Please explain: _____
2. Member is 17 years of age or older Yes No

PA Requirements for Praluent (alirocumab):

1. Select one of the following:

- Member has a diagnosis of clinical ASCVD, is at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥ 55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

- Member has a diagnosis of clinical ASCVD, is NOT at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥ 70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe therapy

- Member has a diagnosis of clinical ASCVD, with a baseline LDL-C ≥ 190 mg/dL, not due to secondary causes, without clinical or genetic diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention AND has persistently elevated LDL-C (≥ 70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

- Member has a diagnosis of clinical ASCVD, is at Very High Risk with a baseline LDL-C ≥ 190 mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥ 55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

- Member has a diagnosis of primary hyperlipidemia, without clinical ASCVD, with a baseline LDL-C ≥ 190 mg/dL not due to secondary causes, with or without concomitant ASCVD risk factors, requiring therapy for primary prevention AND persistently elevated LDL-C (≥ 100 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

- Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) or heterozygous familial hypercholesterolemia (HeFH) AND persistently elevated LDL-C (≥ 70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe therapy

*** For members requiring >25% additional lowering of LDL-C ONLY ($\leq 25\%$ LDL-C lowering must utilize high intensity statin therapy WITH ezetimibe as first line)**

Note: documentation of any and all intolerances to statins and/or ezetimibe must be provided

For any of the above diagnoses that require medical justification for use of Praluent over statin and/or ezetimibe therapy, please provide justification here:

2. Select one of the following:

- Member is 18 years of age or older
- Member is 8 years of age or older and has a diagnosis of HeFH

3. Select one of the following:

- a. Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Praluent
- b. Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy

4. Select one of the following:

- Requested dose is 75 mg every 2 weeks
- Requested dose is 300 mg every 4 weeks
- Requested dose is 150 mg every 2 weeks **AND the member has one of the following:**
 - Diagnosis of homozygous familial hypercholesterolemia
 - Diagnosis of heterozygous familial hypercholesterolemia and member is undergoing LDL apheresis
 - Member has not achieved clinically meaningful response after at least 4 weeks of dosing at 75 mg every 2 weeks or 300 mg every 4 weeks
- Requested dose is 150 mg every 4 weeks **AND all of the following:**
 - Diagnosis of heterozygous familial hypercholesterolemia
 - Member is under 18 years of age and weighs less than 50 kg

PA Requirements for Repatha (evolocumab):

1. Select one of the following:

- Member has a diagnosis of clinical ASCVD, is at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥ 55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*
- Member has a diagnosis of clinical ASCVD, is NOT at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥ 70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe
- Member has a diagnosis of clinical ASCVD, with a baseline LDL-C ≥ 190 mg/dL, not due to secondary causes, without clinical or genetic diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention AND has persistently elevated LDL-C (≥ 70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

Member has a diagnosis of clinical ASCVD, is at Very High Risk with a baseline LDL-C ≥ 190 mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥ 55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

Member has a diagnosis of primary hyperlipidemia, without clinical ASCVD, with a baseline LDL-C ≥ 190 mg/dL not due to secondary causes, with or without concomitant ASCVD risk factors, requiring therapy for primary prevention AND persistently elevated LDL-C (≥ 100 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy*

Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) or heterozygous familial hypercholesterolemia (HeFH) AND persistently elevated LDL-C (≥ 70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe

*** For members requiring >25% additional lowering of LDL-C ONLY ($\leq 25\%$ LDL-C lowering must utilize high intensity statin therapy WITH ezetimibe as first line)**

Note: documentation of any and all intolerances to statins and/or ezetimibe must be provided

For any of the above diagnoses that have medical rationale against the use of statin and/or ezetimibe therapy please provide here:

2. Select one of the following:

- Member is 18 years of age or older
- Member is 10 years of age or older and has a diagnosis of either HoFH or HeFH

3. Select one of the following:

- a. Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Repatha
- b. Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy

4. Select one of the following:

- Requested dose is 140 mg every 2 weeks
- Requested dose is 420 mg once monthly
- Requested dose is 420 mg every 2 weeks **AND the member has one of the following:**
 - Diagnosis of HoFH and has not achieved clinically meaningful response after at least 12 weeks at 420mg once monthly dosing
 - Member is receiving lipid apheresis

PA Requirements for Tryngolza (olezarsen)

- 1. Member has a diagnosis of familial chylomicronemia syndrome (confirmed by genetic testing – documentation must be submitted) Yes No
- 2. Member has a baseline fasting triglyceride level ≥ 880 mg/dL (lab documentation submission obtained within the past 90 days required) Yes No
- 3. Member is 18 years of age or older Yes No
- 4. Prescribed by, or in consultation with, a cardiologist, endocrinologist or lipid specialist (lipidologist) Yes No
- 5. Prescriber attests that member will be using Tryngolza (olezarsen) as an adjunct to low-fat diet of ≤ 20 g fat per day to reduce triglycerides Yes No
- 6. Requested dose is 80 mg (0.8 mL) per month or less Yes No

If no, please explain why and provide literature to support:

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