PRIOR AUTHORIZATION REQUEST

REPATHA

Patient Information:

Name:	
Member ID:	
Address:	
City, State, Zip:	
Date of Birth:	

Prescriber Information:

Name:	
NPI:	
Phone Number:	
Fax Number	
Address:	
City, State, Zip:	

Requested Medication

Rx Name:	
Rx Strength	
Rx Quantity:	
Rx Frequency:	
Rx Route of Administration:	
Diagnosis and ICD Code:	

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll-free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

SECTION A: Please note that supporting clinical documentation is required for **ALL** PA requests. Pharmacy prior authorization reviews can be subject to trial with additional medications that are not listed within the criteria. The policies are subject to change based on COMAR requirements, MDH transmittals and updates to treatment guidelines.

1 Is the request for an INITIAL therapy or a CONTINUATION of therapy?

[] Initial (If checked, go to 7)

[] Continuation (If checked, go to 2)

2 Is the patient currently receiving the requested medication? Yes No
[If no, skip to question 7.]

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PRIOR AUTHORIZATION REQUEST

3	Has the patient been receiving medication samples of the requested medication? [If yes, skip to question 7.]	Yes	No
4	Does the patient have a previously approved prior authorization (PA) on file with the current plan? [Note: If the patient does NOT have a previously approved PA on file for the requested medication with the current plan, the renewal request will be considered under initial therapy.] [If no, skip to question 7.]	Yes	No
5	Has the patient been established on therapy for at least 3 months? [If no, skip to question 7.]	Yes	No
6	Has documentation been submitted to confirm that the patient has had a significant response to therapy, as determined by the provider? ACTION REQUIRED: Submit supporting documentation. [No further questions.]	Yes	No
7	Is the requested medication being used concurrently with Praluent or Juxtapid? [If yes, no further questions.]	Yes	No
8	Is the requested medication being prescribed by, or in consultation with, a cardiologist, an endocrinologist, or a physician who focuses on the treatment of cardiovascular (CV) risk management and/or lipid disorders? [If no, no further questions.]	Yes	No

9 What is the diagnosis or indication?

[] Clinical atherosclerotic cardiovascular disease (ASCVD) or to reduce the risk of major adverse cardiovascular events (MACE) in adults with established cardiovascular disease and in adults at increased cardiovascular risk due to uncontrolled LDL-C (LDL-C greater than or equal to 70 mg/dL despite high- or moderate-intensity statin therapy) (If checked, go to 24)

[] Heterozygous familial hypercholesterolemia (HeFH) [NOTE: If the patient has clinical atherosclerotic cardiovascular disease (ASCVD) AND HeFH, they may also be reviewed under atherosclerotic cardiovascular disease (ASCVD).] (If checked, go to 10)

[] Homozygous familial hypercholesterolemia (HoFH) [NOTE: If the patient has clinical atherosclerotic cardiovascular disease (ASCVD) AND HoFH, they may also be reviewed under atherosclerotic cardiovascular disease (ASCVD).] (If checked, go to 19)

[] Primary Hyperlipidemia [NOTE: This is not associated with atherosclerotic cardiovascular disease (ASCVD), heterozygous familial hypercholesterolemia (HeFH), or homozygous familial hypercholesterolemia (HoFH), and may be referred to as combined hyperlipidemia, hypercholesterolemia (pure, primary), dyslipidemia, or increased/elevated low-density lipoprotein cholesterol (LDL-C) levels. Please review under other indications if present.] (If checked, go to 36)

[] Other (If checked, no further questions)

PRIOR AUTHORIZATION REQUEST

10	Is the patient greater than or equal to 10 years of age? [If no, no further questions.]	Yes	No
11	Does the patient have an untreated low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL (that is, prior to treatment with antihyperlipidemic agents)? [If yes, skip to question 26.]	Yes	No
12	Does the patient have genetic confirmation of HeFH by mutations in the low-density lipoprotein receptor (LDLR), apolipoprotein B (APOB), proprotein convertase subtilisin kexin type 9 (PCSK9) or low-density lipoprotein receptor adaptor protein 1 (LDLRAP1) gene? [If yes, skip to question 26.]	Yes	No
13	Has the patient been diagnosed with HeFH by the prescriber using the Dutch Lipid Network criteria? [If no, skip to question 15.]	Yes	No
14	Does the patient have a score of greater than 5? [If yes, skip to question 26.]	Yes	No
15	Has the patient been diagnosed with HeFH by the prescriber using the Simon Broome criteria? [If no, skip to question 17.]	Yes	No
16	Has the patient met the threshold for "definite" or "possible" familial hypercholesterolemia? [If yes, skip to question 26.]	Yes	No
17	Does the patient have clinical manifestations of HeFH? [NOTE: Examples of clinical manifestations of HeFH include cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas or xanthelasma.] [If yes, skip to question 26.]	Yes	No
18	Does the patient have a treated low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 100 mg/dL (that is, after treatment with antihyperlipidemic agents but prior to treatment with PCSK9 inhibitor therapy such as Praluent or Repatha)? [If yes, skip to question 26.] [If no, no further questions.]	Yes	No
19	Is the patient greater than or equal to 10 years of age? [If no, no further questions.]	Yes	No
20	Does the patient have genetic confirmation of two mutant alleles at the low-density lipoprotein receptor (LDLR), apolipoprotein B (APOB), proprotein convertase subtilisin/kexin type 9 (PCSK9) or low-density lipoprotein receptor adaptor protein	Yes	No

PRIOR AUTHORIZATION REQUEST

	1 (LDLRAP1) gene locus? [If yes, skip to question 30.]		
21	Does the patient have an untreated LDL-C level greater than 500 mg/dL (that is, prior to treatment with antihyperlipidemic agents)? [If yes, skip to question 30.]	Yes	No
22	Does the patient have a treated LDL-C level of 300 mg/dL or greater (that is, after treatment with antihyperlipidemic agents but prior to agents such as Repatha, or Juxtapid)? [If yes, skip to question 30.]	Yes	No
23	Does the patient have patient has clinical manifestations of HoFH? [NOTE: Examples of clinical manifestation of HoFH include cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas or xanthelasma.] [If yes, skip to question 30.] [If no, no further questions.]	Yes	No
24	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
25	Does the patient have an established atherosclerotic cardiovascular disease (ASCVD) such as previous myocardial infarction (MI) or history of an acute coronary syndrome (ACS) or at a high risk of major adverse cardiovascular (CV) events (CV death, myocardial infarction, stroke, unstable angina requiring hospitalization, or coronary revascularization) with uncontrolled LDL-C? [If no, no further question.]	Yes	No
26	Has the patient tried one high-intensity statin therapy (that is, atorvastatin 40 mg or greater daily; rosuvastatin 20 mg or greater daily (as a single-entity or as a combination product)) for at least 8 weeks continuously? [If no, skip to question 28.]	Yes	No
27	Does the patient a have low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 70 mg/dL after treatment with statin therapy ? [If yes, no further questions.]	Yes	No
28	Has the patient been determined to be statin intolerant by experiencing statin-related rhabdomyolysis? [NOTE: Rhabdomyolysis is statin-induced muscle breakdown that is associated with markedly elevated creatine kinase (CK) levels (at least 10 times the upper limit of normal), along with evidence of end organ damage which can include signs of acute renal injury (noted by substantial increases in serum creatinine (Scr) levels (a 0.5 mg/dL or greater increase in Scr or doubling of the Scr)) and/or myoglobinuria (myoglobin present in urine).] [If yes, no further questions.]	Yes	No
29	Has the patient been determined to be statin intolerant by experiencing skeletal-	Yes	No

PRIOR AUTHORIZATION REQUEST

	related muscle symptoms? [NOTE: Examples of skeletal-related muscle symptoms include myopathy (muscle weakness) or myalgia (muscle aches, soreness, stiffness, tenderness).] [If yes, skip to question 34.] [If no, no further questions.]		
30	Has the patient tried one high-intensity statin therapy (that is, atorvastatin 40 mg or greater daily; rosuvastatin 20 mg or greater daily [as a single-entity or as a combination product]) for at least 8 weeks continuously? [If no, skip to question 32.]	Yes	No
31	Does the patient's low-density lipoprotein cholesterol (LDL-C) level after this treatment remain greater than or equal to 70 mg/dL? [If yes, no further questions.]	Yes	No
32	Has the patient been determined to be statin intolerant by experiencing statin-related rhabdomyolysis? [NOTE: Rhabdomyolysis is statin-induced muscle breakdown that is associated with markedly elevated creatine kinase (CK) levels (at least 10 times the upper limit of normal), along with evidence of end organ damage which can include signs of acute renal injury (noted by substantial increases in serum creatinine (Scr) levels (a 0.5 mg/dL or greater increase in Scr or doubling of the Scr)) and/or myoglobinuria (myoglobin present in urine).] [If yes, no further questions.]	Yes	No
33	Has the patient been determined to be statin intolerant by experiencing skeletal-related muscle symptoms? [NOTE: Examples of skeletal-related muscle symptoms include myopathy (muscle weakness) or myalgia (muscle aches, soreness, stiffness, tenderness).] [If no, no further questions.]	Yes	No
34	Did the skeletal-related muscle symptoms occur while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products)? [If no, no further questions.]	Yes	No
35	When receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products) did the skeletal-related muscle symptoms resolve upon discontinuation of each respective statin therapy (atorvastatin AND rosuvastatin)? [No further questions.]	Yes	No
36	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
37	Is the patient's coronary artery calcium or calcification (CAC) score greater than or equal to 300 Agatston units? [If no, no further questions.]	Yes	No

PRIOR AUTHORIZATION REQUEST

38	Has the patient tried one high-intensity statin therapy (that is, atorvastatin 40 mg or greater daily; rosuvastatin 20 mg or greater daily (as a single-entity or as a combination product))? [If no, skip to question 41.]	Yes	No
39	Was the high-intensity statin therapy (that is, atorvastatin 40 mg or greater daily; rosuvastatin 20 mg or greater daily [as a single-entity or as a combination product]) given with ezetimibe (as a single-entity or as a combination product) for at least 8 weeks continuously? [If no, skip to question 41.]	Yes	No
40	Does the patient's low-density lipoprotein cholesterol (LDL-C) level after this treatment regimen remain greater than or equal to 100 mg/dL? [If yes, no further questions.]	Yes	No
41	Has the patient been determined to be statin intolerant by experiencing statin-related rhabdomyolysis? [NOTE: Rhabdomyolysis is statin-induced muscle breakdown that is associated with markedly elevated creatine kinase (CK) levels (at least 10 times the upper limit of normal), along with evidence of end organ damage which can include signs of acute renal injury (noted by substantial increases in serum creatinine (Scr) levels (a 0.5 mg/dL or greater increase in Scr or doubling of the Scr)) and/or myoglobinuria (myoglobin present in urine).] [If yes, no further questions.]	Yes	No
42	Has the patient been determined to be statin intolerant by experiencing skeletal-related muscle symptoms? [NOTE: Examples of skeletal-related muscle symptoms include myopathy (muscle weakness) or myalgia (muscle aches, soreness, stiffness, tenderness).] [If no, no further questions.]	Yes	No
43	Did the skeletal-related muscle symptoms occur while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products)? [If no, no further questions.]	Yes	No
44	When receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products) did the skeletal-related muscle symptoms resolve upon discontinuation of each respective statin therapy (atorvastatin AND rosuvastatin)?	Yes	No

Please document the diagnoses, symptoms, and/or any other information important to this review:

PRIOR AUTHORIZATION REQUEST

SECTION B: Physician Signature

PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 1-833-896-0656

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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If you have any questions, call: 1-888-258-8250

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