PRIOR AUTHORIZATION REQUEST

PRALUENT

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 this request for INITIAL or CONTINUATION of therapy?

[] Initial (If checked, go to 8)

[] Continuation (If checked, go to 2)

2 Is the requested medication being used concurrently with Repatha or Juxtapid? Yes No
[If yes, no further questions.]

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3	Is the patient currently receiving the requested medication? [If no, skip to question 8.]	Yes	No
4	Has the patient been receiving medication samples of the requested medication? [If yes, skip to question 8.]	Yes	No
5	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 8.]	Yes	No
6	Has the patient been established on therapy for at least 3 months? [If no, skip to question 8.]	Yes	No
7	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
8	Is the requested medication being used concurrently with Repatha or Juxtapid? [If yes, no further questions.]	Yes	No
9	Is the requested medication being prescribed by, or in consultation with, a cardiologist, an endocrinologist, or a physician who focuses in the treatment of cardiovascular (CV) risk management and/or lipid disorders? [If no, no further questions.]	Yes	No

10 What is the diagnosis or indication?

[] Heterozygous familial hypercholesterolemia (HeFH) [Note: If the patient has clinical atherosclerotic cardiovascular disease (ASCVD) AND heterozygous familial hypercholesterolemia (HeFH), they may also be reviewed under atherosclerotic cardiovascular disease (ASCVD)] (If checked, go to 11)

[] Clinical atherosclerotic cardiovascular disease (ASCVD) (If checked, go to 20)

[] Homozygous familial hypercholesterolemia (HoFH) [Note: If the patient has clinical atherosclerotic cardiovascular disease (ASCVD) AND homozygous familial hypercholesterolemia (HoFH), they may also be reviewed under atherosclerotic cardiovascular disease (ASCVD)] (If checked, go to 26)

[] 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 41)

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	[] Other (If checked, no further questions)		
11	Is the patient greater than or equal to 8 years of age? [If no, no further questions.]	Yes	No
12	Has the patient been diagnosed with heterozygous familial hypercholesterolemia (HeFH) by the prescriber using the Dutch Lipid Network criteria? [If no, skip to question 14.]	Yes	No
13	Does the patient have a Dutch Lipid Network criteria score of greater than 5? [If yes, skip to question 31.]	Yes	No
14	Has the patient been diagnosed with heterozygous familial hypercholesterolemia (HeFH) by the prescriber using the Simon Broome criteria? [If no, skip to question 16.]	Yes	No
15	Has the patient met the threshold for "definite" or "possible" familial hypercholesterolemia? [If yes, skip to question 31.]	Yes	No
16	Does the patient have clinical manifestations of heterozygous familial hypercholesterolemia (HeFH)? [Note: Examples of clinical manifestations of heterozygous familial hypercholesterolemia (HeFH) include cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas or xanthelasma.] [If yes, skip to question 31.]	Yes	No
17	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 31.]	Yes	No
18	Does the patient have genetic confirmation of heterozygous familial hypercholesterolemia (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 31.]	Yes	No
19	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 proprotein convertase subtilisin kexin type 9 [PCSK9] inhibitor therapy such as Praluent or Repatha)? [If yes, skip to question 31.] [If no, no further questions.]	Yes	No
20	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No

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21	Has the patient had a previous myocardial infarction (MI) or history of an acute coronary syndrome (ACS)? [If yes, skip to question 31.]	Yes	No
22	Does the patient have a diagnosis of angina (stable or unstable)? [If yes, skip to question 31.]	Yes	No
23	Does the patient have a past history of stroke or transient ischemic attack (TIA)? [If yes, skip to question 31.]	Yes	No
24	Does the patient have peripheral arterial disease (PAD)? [If yes, skip to question 31.]	Yes	No
25	Has the patient undergone a coronary or other arterial revascularization procedure in the past? [Note: Examples include coronary artery bypass graft (CABG) surgery, percutaneous coronary intervention (PCI), angioplasty, and coronary stent procedures.] [If yes, skip to question 31.] [If no, no further questions.]	Yes	No
26	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
27	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 1 (LDLRAP1) gene locus? [If yes, skip to question 35.]	Yes	No
28	Does the patient have an untreated low-density lipoprotein cholesterol (LDL-C) level greater than 500 mg/dL (that is, prior to treatment with antihyperlipidemic agents)? [If yes, skip to question 35.]	Yes	No
29	Does the patient have a treated low-density lipoprotein cholesterol (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 35.]	Yes	No
30	Does the patient have clinical manifestations of homozygous familial hypercholesterolemia (HoFH)? [Note: Examples of clinical manifestation of homozygous familial hypercholesterolemia (HoFH) include cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas or xanthelasma.] [If yes, skip to question 35.] [If no, no further questions.]	Yes	No

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31	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 33.]	Yes	No
32	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
33	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
34	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 yes, skip to question 39.] [If no, no further questions.]	Yes	No
35	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 37.]	Yes	No
36	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
37	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
38	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	Yes	No

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	weakness) or myalgia (muscle aches, soreness, stiffness, tenderness).] [If no, no further questions.]		
39	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
40	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
41	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
42	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
43	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 46.]	Yes	No
44	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 46.]	Yes	No
45	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
46	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
47	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	Yes	No

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	weakness) or myalgia (muscle aches, soreness, stiffness, tenderness).] [If no, no further questions.]		
48	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
49	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:

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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