

PCSK9 Inhibitor Prior Authorization Form

To be completed by prescriber



Prescriber Information

Prescriber's NPI:

Prescriber Name:

Phone:

Fax:

Patient Information

Patient's Medical ID:

Patient Name:

Patient DOB:

Primary ICD Diagnosis Code:

Prescription Information

Drug requested:

Dosing Frequency:

New Therapy

Continuation

Quantity Requested:

Clinical Information

Patient 18 Years or Older: Yes No Patient Pregnant: Yes No

Is there a diagnosis of clinical ASCVD, heterozygous familial hypercholesterolemia (HeFH), or homozygous hypercholesterolemia (HoFH)? (Check all that apply)

ASCVD HeFH
HoFH

The patient is taking their maximally tolerated statin dose.* Yes No

"Maximally tolerated statin therapy is defined as the highest tolerated intensity and frequency of a statin, even if the dose is zero." This is preferably the guideline-recommended intensity of statin, but may of necessity be a lower intensity dose or reduced frequency of statin dosing, or even no statin at all. Statin intolerance can be defined as unacceptable adverse effects that resolve with discontinuation of therapy and recur with re-challenge of 2 to 3 statins, preferably ones that use different metabolic pathways with 1 of which being prescribed at the lowest approved dose.

The patient has HeFH.* Yes No

"HeFH is defined as untreated LDL-C \geq 160 mg/dL for children and \geq 190 mg/dL for adults and with 1 first-degree relative similarly affected or with premature coronary artery disease or with positive genetic testing for an LDL-C-raising gene defect (LDL-R, Apo-B, or PCSK9)."

The patient has HoFH.* Yes No

"HoFH is defined as LDL-C \geq 400 mg/dL and \geq 1 parent with clinically diagnosed FH, positive genetic testing for two LDL-C-raising gene defects (LDL-R, apoB, or PCSK9), or autosomal-recessive FH."

The patient has clinical ASCVD.* Yes No

"Clinical ASCVD includes acute coronary syndromes, history of MI, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, or peripheral arterial disease presumed to be of atherosclerotic origin, as well as other forms of atherosclerotic vascular disease including significant atherosclerosis of the coronary, carotid, iliofemoral circulations, and the aorta. Documentation of ASCVD requiring additional lipid lowering." (check all that apply)

Acute Coronary Syndrome Stable or Unstable Angina Coronary Revascularization
History of MI Stroke TIA PAD Other Arterial Revascularization

Extensive Subclinical Atherosclerosis:

Coronary Circulation Carotid Circulation Iliofemoral Circulation Atherosclerosis of the Aorta

Requires additional LDL lowering.*

"Patients with clinical ASCVD, HeFH, or HoFH who may require *additional lowering of LDL-C* include those with less than expected percent reduction in LDL-C or residual absolute levels of LDL-C, non-HDL-C, or apoB that exceed goals for atherogenic lipoproteins as specifically defined in any of the current guidelines for these very high-risk and 'extreme risk' populations."

Baseline LDL: _____ Current LDL: _____

Current Lipid Lowering Medication and Amount

Statin: _____ Dose: _____ Ezetimibe
Other LLM's: _____ Dose: _____ LDL Apheresis:
Yes No

In my professional opinion, this patient requires the medication prescribed. The information provided supports this opinion.

Prescriber signature: _____ Date: _____

