

## PCSK9 Inhibitors: Praluent and Repatha

### Member Information

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

### Prescriber Information

1. Prescriber Name: \_\_\_\_\_ 2. NPI #: \_\_\_\_\_  
3. Requestor Name (Nurse/Office Staff): \_\_\_\_\_  
4. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
3. Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

### Drug Information

1. Drug Name: \_\_\_\_\_ 2. Strength: \_\_\_\_\_ 3. Quantity Per 30 Days: \_\_\_\_\_  
4. Length of Therapy (in Days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days  Other \_\_\_\_\_

### Clinical Information

#### Clinical Questions for All PSCK9 Inhibitors:

1. Is the member currently taking the maximum dose, for his/her age, of atorvastatin (generic for Lipitor) or rosuvastatin (generic for Crestor) AND has completed 90 days of treatment?  **Yes**  **No**
2. Is the member's LDL level > 70mg/dl after taking atorvastatin (generic for Lipitor) or rosuvastatin (generic for Crestor) for 90 days?  **Yes**  **No**
3. Does the member have a significant intolerance or allergic reaction to atorvastatin (generic for Lipitor) or rosuvastatin (generic for Crestor)? Examples of significant intolerance include severe muscle pain, significant liver abnormalities, and rhabdomyolysis. Intolerance does not include fatigue, cognitive impairment, or mild aches.  
 **Yes**  **No**
4. Has documentation of clinically significant intolerance or allergic reaction to statin treatment been attached to this prior approval request?  **Yes**  **No**
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 (generic for Lipitor) or rosuvastatin (generic for Crestor) be continued with the PCSK9 inhibitor?  **Yes**  **No**

#### Clinical Questions for Praluent (8-12, 18, 19):

8. Is the member 18 years of age or older?  **Yes**  **No**
9. Does the member have a diagnosis of Heterozygous Familial Hypercholesterolemia?  **Yes**  **No**
10. Does the member have a diagnosis of Homozygous Familial Hypercholesterolemia?  **Yes**  **No**
11. Does the member have clinical atherosclerotic cardiovascular disease such as acute coronary syndromes, or a history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease of atherosclerotic origin?  **Yes**  **No**
12. Does the member have a diagnosis of Severe Primary Hyperlipidemia (defined as LDL -C > 190mg/dL)?  
 **Yes**  **No**

#### Clinical Questions for Repatha (13-17, 18, 19):

13. Does the member have a diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH)?  **Yes**  **No**
14. Does the member have a diagnosis of Homozygous Familial Hypercholesterolemia (HoFH)?  **Yes**  **No**
15. Is the member 10 years or older?  **Yes**  **No**
16. Does the member have clinical atherosclerotic cardiovascular disease such as acute coronary syndromes, or a history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease of atherosclerotic origin?  **Yes**  **No**

**Trillium Health Resources**  
**Pharmacy Prior Approval Request for**



17. Does the member have a diagnosis of Severe Primary Hyperlipidemia (defined as LDL -C > 190mg/dL)?  
 Yes  No

**Continuation Questions for Praluent and Repatha:**

18. Has the provider submitted documentation that indicates a positive clinical response to therapy with this request?

Yes  No

19. Is the member continuing to receive other lipid-lowering therapy?  Yes  No

20. Is the member currently receiving more than one PCSK9 inhibitor?  Yes  No

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.