

Nonstatin Prior Authorization Checklist

Patient's Name: _____

Date: _____

Patient's ID: _____

Patient's Date of Birth: _____

Patient's Phone Number: _____

Clinician's Name: _____

Specialty: _____

NPI#: _____

Clinician Office Telephone: _____

Clinician Office Fax: _____

LDL-C Lowering Drug Requested:

new therapy

continuation

payer-requested change

PCSK9 Inhibitor	ACL Inhibitor*
<input type="checkbox"/> alirocumab (Praluent), dose: <input type="checkbox"/> 75 mg SC Q2 weeks <input type="checkbox"/> 150 mg SC Q2 weeks <input type="checkbox"/> 300 mg SC Q4 weeks	<input type="checkbox"/> bempedoic acid (Nexletol), dose: <input type="checkbox"/> 180 mg once daily <input type="checkbox"/> bempedoic acid and ezetimibe (Nexlizet), dose: <input type="checkbox"/> 180 mg bempedoic acid and 10 mg ezetimibe once daily
<input type="checkbox"/> evolocumab (Repatha), dose: <input type="checkbox"/> 140 mg SC Q2 weeks <input type="checkbox"/> 420 mg SC Q4 weeks	
<i>Please check dose in each column in the event of formulary change</i>	*Cardiovascular outcome trials pending

Lipid Panel, LDL-C:

LDL-C level within the past 30 days: _____

Date: _____

Baseline LDL-C (if available): _____

Date: _____

additional lipid lowering > 20% is required

continuation of treatment to maintain current LDL-C level

Diagnoses:

Diagnosis of Familial Hypercholesterolemia:

E78.01: Heterozygous familial hypercholesterolemia (estimated LDL-C \geq 190 mg/dL off therapy) or homozygous familial hypercholesterolemia (estimated LDL-C \geq 400 mg/dL off therapy)

Diagnosis of Clinical Atherosclerotic Cardiovascular Disease:

125.10: Coronary artery disease (this includes acute coronary syndrome, chronic stable angina, > 50% stenosis of coronary artery on coronary angiogram/CT coronary angiogram, history of stent placement or coronary bypass surgery)

165.29: Carotid stenosis

G45.9: Transient ischemic attack (TIA)

163.9: Stroke

173.9: Peripheral artery disease (this includes ABI <0.9, evidence of peripheral artery stenosis by imaging)

documented subclinical atherosclerosis (e.g., coronary calcium score \geq 75th percentile or \geq 400 Agatston units [R93.1])

Treatment and Management History:

Which of the following statins/nonstatins has the patient tried and failed to achieve target LDL-C?:

atorvastatin

fluvastatin

lovastatin

pitavastatin

pravastatin

rosuvastatin

simvastatin

ezetimibe patient has contraindication to statins due to:

Has the patient had any of these side effects?:

myalgia (M79.1)

myositis (M60.9)

rhabdomyolysis (M62.82)

hypersensitivity (M31.0)

elevated liver enzymes (R94.5)

other:

Attestation:

I attest that the information is accurate and verifiable by member records. In my professional opinion, this medication is medically necessary for this patient, and the information provided supports this opinion.

Prescriber signature (or esignature): _____

Date: _____