

PCSK9 Inhibitor Prior Authorization Form

To be completed by Prescriber

Prescriber Information	Patient Information
Prescriber's NPI:	Patient's Medical ID #
Prescriber Name:	Patient Name:
Phone # ()	Patient DOB:
Fax #: ()	Primary ICD Diagnosis code:
Prescription Information	
Drug Requested:	Frequency of Dosing:
<input type="checkbox"/> New therapy <input type="checkbox"/> Continuation	Quantity Requested:

Clinical Information

Patient 18 years or older <input type="checkbox"/> yes <input type="checkbox"/> no	Patient pregnant <input type="checkbox"/> yes <input type="checkbox"/> no
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Is there a diagnosis of clinical ASCVD, heterozygous familial hypercholesterolemia (HeFH), or homozygous hypercholesterolemia (HoFH)?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is taking his/her maximally tolerated statin dose. * "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.	<input type="checkbox"/> yes <input type="checkbox"/> no
Has HeFH. * "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)."	<input type="checkbox"/> yes <input type="checkbox"/> no
Has HoFH. * "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."	<input type="checkbox"/> yes <input type="checkbox"/> no
Has Clinical ASCVD. * "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) <input type="checkbox"/> Acute Coronary Syndrome <input type="checkbox"/> History of MI <input type="checkbox"/> Stable or Unstable Angina <input type="checkbox"/> Coronary revascularization <input type="checkbox"/> Other arterial revascularization <input type="checkbox"/> Stroke <input type="checkbox"/> TIA <input type="checkbox"/> PAD Extensive Subclinical atherosclerosis: <input type="checkbox"/> Coronary Circulation <input type="checkbox"/> Carotid Circulation <input type="checkbox"/> Iliofemoral Circulation <input type="checkbox"/> Atherosclerosis of the aorta	<input type="checkbox"/> yes <input type="checkbox"/> no

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	
<input type="checkbox"/> Statin _____ Dose: _____	<input type="checkbox"/> Ezetimibe
<input type="checkbox"/> Other LLM's: _____ Dose: _____	LDL Apheresis <input type="checkbox"/> no <input type="checkbox"/> yes
In my professional opinion, this patient requires the medication prescribed. The information provided supports this opinion.	
Prescriber Signature: _____	Date: _____