

# 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"/> evolocumab (Repatha), dose: <input type="checkbox"/> 140 mg SC Q2 weeks <input type="checkbox"/> 420 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
<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 has the patient tried and failed?:

atorvastatin     fluvastatin     lovastatin     pitavastatin     pravastatin     rosuvastatin     simvastatin

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, a PCSK9 inhibitor is medically necessary for this patient, and the information provided supports this opinion.

Prescriber signature (or esignature): \_\_\_\_\_

Date: \_\_\_\_\_

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