Kaiser Permanente Health Plan of Mid-Atlantic States, Inc.
PCSK9 Inhibitors (Praluent or Repatha) Prior Authorization (PA)
Pharmacy Benefits Prior Authorization Help Desk
Length of Authorizations: Initial- 1 year; Continuation- 1 year

Instructions:

This form is used by participating providers for coverage of PCSK9 Inhibitors (Praluent or Repatha) for heterozygous familial hypercholesterolemia (HeFH), homozygous familial hypercholesterolemia (HoFH), or very high risk ASCVD. Please complete and fax this form back to Kaiser Permanente within 24 hours at fax: 1-866-331-2104. If you have any questions or concerns, please call 1-866-331-2103. Request will not be considered unless form is completely filled out.

KP-MAS Formulary can be found at www.providers.kp.org/mas/formulary.html

A. Patient Information

Patient Name:	Kaiser ID (if available):
Patient Date of Birth:	Patient Phone Number:

B. Provider Information

Provider Name:	Provider Address:
Provider NPI:	Provider Phone Number:
Provider Fax Number:	Provider Specialty:

Please check the box that applies:

❑ Standard Review (72 hours)

❑ Expedited Review (24 hours): By checking this box, I certify that applying 72 hours standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

C. Pharmacy Information

Pharmacy Name:	NABP/NPI #:
Pharmacy Phone Number:	Pharmacy Fax Number:

D. Drug Information

Drug Name and Strength:	Quantity and Days Supply (PCSK9 inhibitors are limited to a 30-day supply per fill):
Directions (SIG):	Date Requested:

E. Clinical Criteria

1. Is the prescriber a cardiologist, endocrinologist, or in consultation from a cardiologist?

❑ Yes, if consulted a cardiologist, provide name _____ and go to question 2

❑ No [If no, then no further questions required]

2. Please indicate appropriate age group and indication:

❑ 13-75 years old being considered for treatment of homozygous familial hypercholesterolemia (HoFH) [If selected, go to question 3]

❑ 18-75 years old being considered for treatment of heterozygous familial hypercholesterolemia (HeFH) [If selected, go to question 3]

❑ 18-75 years old being considered for treatment of suspected familial hypercholesterolemia (LDL ≥220 mg/dL) [If selected, go to question 4]

❑ 40-75 years old being considered for treatment of very high-risk ASCVD[1] [if yes, please indicate qualifying event(s) and/or risk factors below and then go to question 5]

❑ None of the above [No further questions required]

[1]Very high-risk ASCVD is defined as history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions.

Major ASCVD events:
- ❑ *Recent ACS (within 12 months)*
- ❑ *History of MI*
- ❑ *History of ischemic stroke*
- ❑ *Symptomatic PAD (history of claudication with ABI <0.85, or previous revascularization or amputation*

High-Risk Conditions:
- ❑ *Age ≥65 years*
- ❑ *Heterozygous familial hypercholesterolemia*
- ❑ *History of prior CABG or PCI outside of the major ASCVD events*
- ❑ *Diabetes mellitus*
- ❑ *Hypertension*
- ❑ *CKD (eGFR 15-59 ml/min/1.73 m²*
- ❑ *Current smoking*
- ❑ *Persistently elevated LDL-C (LDL-C ≥100 mg/dL despite maximally tolerated statin therapy and ezetimibe*
- ❑ *History of congestive HF*

3. For patients with HeFH/HoFH only, does patient have documented LDL-C ≥ 100 mg/dL in the last 90 days?

❑ No ❑ If Yes, include LDL value and go to question 6

LDL value: **Date:**

4. For patients with suspected familial hypercholesterolemia, does patient have documented LDL-C ≥ 130 mg/dL in the last 90 days?

❑ No ❑ If Yes, include LDL value and go to question 6

LDL value: **Date:**

5. For patient with very high-risk ASCVD, does patient have documented LDL-C ≥ 70 mg/dL in the last 90 days?

❑ No ❑ If Yes, include LDL value and go to question 6

LDL value: **Date:**

6. Has the patient had an adequate trial (8+ weeks) of high-dose, high-potency statin (atorvastatin 40-80 mg daily or rosuvastatin 20-40 mg daily) plus ezetimibe?

❑ If Yes, please go to question 10 ❑ No, please go to question 7

7. Is the patient currently taking the maximum tolerated dose of another statin plus ezetimibe for at least 90 days?

❑ If Yes, please go to question 10 ❑ No, please go to question 8

8. Does patient meet the following Statin Intolerance criteria? (Please check all that apply)

❑ Inability to tolerate at least 2 statins, with at least one started at the lowest starting daily dose *AND*

❑ Statin dose reduction attempted for resolution of muscle symptoms, abnormal biomarkers *OR*

❑ Muscle symptoms, abnormal biomarkers recur with low-intensity/lowest possible statin dose re-challenge *OR*

❑ Muscle symptoms, abnormal biomarkers recur with an adequate trial of hydrophilic statins – Pravastatin, Rosuvastatin

❑ If Yes, please go to question 10 ❑ IF No, please go to question 9

9. Does patient have an absolute contraindication to statin or documented history of CPK elevation >10x ULN OR rhabdomyolysis attributed to a statin?

❑ No ❑ If Yes, include documentation of lab results and go to question 10

CPK value: **date:**

10. Has the member previously taken Repatha or Praluent?

❑ Yes, patient has previously taken Repatha. Provide dates and duration of therapy:

LDL-C pre-therapy/date: **LDL-C post-therapy/date:**

Note: Repatha 420 mg qty #1 for 28-day supply will only be approved for diagnosis of homozygous familial hypercholesterolemia (HoFH).

Repatha 140 mg qty #2 for 28-day supply will be approved for very high-risk ASCVD, suspected familial hypercholesterolemia, heterozygous familial hypercholesterolemia (HeFH).

Repatha should only be continued beyond 8 weeks in presence of LDL-C decrease of greater than 30%.

❑ Yes, patient has previously taken Praluent 75 mg. Provide dates and duration of therapy:

LDL-C pre-therapy/date: **LDL-C post-therapy/date:**

Note: Praluent should only be prescribed if the patient has a documented failure to or adverse drug reaction to Repatha.

Praluent 75 mg should only be continued beyond 8 weeks in presence of LDL-C decrease of greater than 30%.

Praluent 150 mg will only be approved if there has been a trial of Praluent 75 mg for a minimum of 8 weeks with a LDL-C change of less than 30%.

❑ Yes, patient has previously taken Praluent 150mg. Provide dates and duration of therapy:

LDL-C pre-therapy/date: **LDL-C post-therapy/date:**

Note: Praluent should only be prescribed if the patient has a documented failure to or adverse drug reaction to Repatha.

Praluent 150 mg should only be continued beyond 8 weeks in presence of LDL-C decrease of greater than 30%.

❑ No, patient has never taken Praluent or Repatha.

F. Additional Information- please provider any additional information that should be taken into consideration: _____

_____

_____

_____

G. Prescriber Sign off

Prescriber Signature:
Date: