

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



{{PANUMCODE}}

### Juxtapid, Kynamro Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}  
**Patient's ID:** {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}  
**Physician's Name:** {{PHYFIRST}} {{PHYLAST}}  
**Specialty:** \_\_\_\_\_, **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}  
**Request Initiated For:** {{DRUGNAME}}

1. What drug is being prescribed?  
 Juxtapid  
 Kynamro  
 Other \_\_\_\_\_
2. What is the documented diagnosis?  
 Homozygous familial hypercholesterolemia  
 Other \_\_\_\_\_
3. What is the ICD-10 code? \_\_\_\_\_
4. Is the patient currently receiving Juxtapid?  Yes  No *If No, skip to #7*
5. Is the patient receiving Juxtapid through samples or a patient assistance program?  
*If Yes, skip to #7*  Yes  No
6. Has the patient achieved or maintained an LDL-C reduction greater than 20% from levels immediately prior to initiation of treatment with Juxtapid?  Yes  No
7. What is the patient's **untreated** (i.e., before treatment with any lipid-lowering therapy) LDL-C level?  
**ACTION REQUIRED: Attach supporting labs.** \_\_\_\_\_ mg/dL  Unknown
8. What is the patient's **treated** LDL-C level?  
**ACTION REQUIRED: Attach supporting labs.** \_\_\_\_\_ mg/dL  Unknown
9. Does the patient possess mutations in both alleles at LDL receptor, ApoB, PCSK9 or LDL receptor adaptor protein gene locus? **ACTION REQUIRED: If Yes, attach chart note(s) and skip to #13.**  
 Yes  No  Unknown
10. Did the patient have either of the following? **ACTION REQUIRED: If Yes, attach chart note(s).**  
 Tendon or cutaneous xanthomas at age 10 or younger, *skip to #13*  
 Evidence or diagnosis of familial hypercholesterolemia in both parents  
 Neither – The patient does not meet any of the criteria listed above, *skip to #12*

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Juxtapid, Kynamro SGM - 5/2020.

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11. Does BOTH patient's biological parents have a diagnosis of familial hypercholesterolemia (FH) confirmed by ONE of the following criteria sets? **ACTION REQUIRED: If Yes, indicate criteria set, attach chart note(s) and skip to #13.**
- Total cholesterol greater than (>) 290 mg/dL or LDL-C greater than (>) 190 mg/dL plus one of the following:
    - Tendon xanthoma in patient, first-degree relative (brother, sister, parent, child) or second-degree relative (grandparent, uncle, aunt)
    - Family history of myocardial infarction in a first degree relative before the age of 60 or in a second degree relative before the age of 50
    - Total cholesterol greater than 290 mg/dl in an adult first or second degree relative
    - Total cholesterol greater than 260 mg/dl in a child, brother, or sister aged younger than 16 years
  - Dutch Lipid Clinic Network Criteria: Total score greater than (>) 5
  - Genetic confirmation was confirmed by a LDL-receptor mutation, familial defective apo B-100, or a PCSK9 gain-of-function mutation
  - No – The patient's parents do not meet any of the criteria listed above
12. Have BOTH of the patient's biological parents experienced at least one of the following? **ACTION REQUIRED: If Yes, attach supporting chart note(s).**  Yes  No  Unknown
- a) Total cholesterol at least 310 mg/dL
  - b) Tendon xanthoma
  - c) Premature [i.e., before the age of 55 years (father) or 60 years (mother)] atherosclerotic cardiovascular disease/event (e.g., myocardial infarction, acute coronary syndromes, coronary or other arterial revascularization procedure [e.g., percutaneous coronary angioplasty [PTCA], coronary artery bypass graft [CABG] surgery])
  - d) Sudden premature cardiac death before the age of 55 years (father) or 60 years (mother)
  - e) Diagnosis of definite familial hypercholesterolemia by any of the following: **1) An LDL-receptor mutation, familial defective apo B-100, or a PCSK9 gain-of-function mutation; 2) Total cholesterol greater than (>) 290 mg/dL or LDL-C greater than (>) 190 mg/dL plus tendon xanthoma in patient, first-degree relative (brother, sister, parent, child) or second-degree relative (grandparent, uncle, aunt) or Family history of myocardial infarction in a first degree relative before the age of 60 or in a second degree relative before the age of 50 or Total cholesterol greater than 290 mg/dl in an adult first or second degree relative or Total cholesterol greater than 260 mg/dl in a child, brother, or sister aged younger than 16 years; or 3) Dutch Lipid Clinic Network Criteria: Total score greater than (>) 5**
13. Does the patient have known LDL-receptor negative mutations in both alleles?  
*If Yes, no further questions*  Yes  No
14. Prior to initiation of treatment with prescribed drug, is/was the patient receiving combination lipid-lowering therapy with a high-intensity statin, ezetimibe, and Repatha?  Yes  No
15. Does the patient have clinical atherosclerotic cardiovascular disease (ASCVD) (e.g., myocardial infarction, acute coronary syndromes, coronary or other arterial revascularization procedure [e.g., percutaneous coronary angioplasty [PTCA], coronary artery bypass graft [CABG] surgery])?  Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

X \_\_\_\_\_

Prescriber or Authorized Signature

Date (mm/dd/yy)

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