Repatha

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: _____ **Date**: _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Request Initiated For: _____

1. What is the diagnosis?
   - ❑ Primary hyperlipidemia
   - ❑ Heterozygous familial hypercholesterolemia (HeFH)
   - ❑ Homozygous familial hypercholesterolemia (HoFH)
   - ❑ Other _____
2. What is the ICD-10 code? _____
3. What is the current LDL-C level? _____ mg/dL ***ACTION REQUIRED: Attach chart notes indicating the current treated LDL-C level. The LDL-C level must be dated within the six months preceding the authorization request.***
4. Does the patient have a history of clinical atherosclerotic cardiovascular disease (ASCVD)?
   ❑ Yes ❒ ❑ No
5. Is this request for continuation of therapy with a PCSK9 inhibitor? ❑ Yes ❒ ❑ No *If No, skip to #7*
6. Has the patient achieved or maintained an LDL-C reduction (e.g., LDL-C now at goal, robust reduction in LDL-C) as a result of PCSK9 inhibitor therapy? ❑ Yes ❒ ❑ No *No further questions.*
7. Is the patient receiving a high-intensity statin dose daily, such as rosuvastatin (Crestor) 20 mg daily or atorvastatin (Lipitor) 40 mg? ❑ Yes ❑ No *If No, skip to #10*
8. Has the patient received this dose for at least 3 months? ❑ Yes ❑ No *If No, skip to #10*
9. Has the patient received the high-intensity statin dose for at least 3 months in combination with ezetimibe?
   If Yes, skip to #17 ❑ Yes ❑ No
10. Was the patient unable to tolerate a high-intensity statin due to adverse effects?
    ❑ Yes ❑ No *If No, skip to #14*
11. Is the patient receiving a moderate-intensity statin dose daily, such as atorvastatin (Lipitor) 20 mg or equivalent?
    ❑ Yes ❑ No *If No, skip to #14*
12. Has the patient received this dose for at least 3 months? ❑ Yes ❑ No *If No, skip to #14*

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13. Has the patient received the moderate-intensity statin dose for at least 3 months in combination with ezetimibe? *If Yes, skip to #17* ❑ Yes ❑ No

14. Did the patient score a 7 or higher on the Statin-Associated Muscle Symptom Clinical Index (SAMS-CI)? ***ACTION REQUIRED: Attach chart notes confirming the SAMS-CI score.*** *If Yes, skip to #17* ❑ Yes ❑ No

15. Did the patient experience a statin-associated increase in creatine kinase (CK) level to greater than or equal to 10 times the upper limit of normal (ULN) during previous treatment with a statin? ***ACTION REQUIRED: Attach chart notes confirming the CK levels.*** *If Yes, skip to #17* ❑ Yes ❑ No

16. Does the patient have any of the following contraindications to statins? ***ACTION REQUIRED: Attach chart notes confirming the contraindication.***
    ❑ Active liver disease, including unexplained persistent elevations in hepatic transaminase levels (e.g., ALT greater than or equal to 3 times upper limit of normal)
    ❑ Currently pregnant
    ❑ May become pregnant
    ❑ Breastfeeding
    ❑ None of the above

17. *If the patient has a history of clinical atherosclerotic cardiovascular disease (ASCVD),* which of the manifestations of clinical atherosclerotic cardiovascular disease (ASCVD) has the patient experienced?
    ACTION REQUIRED: Attach chart notes confirming clinical atherosclerotic cardiovascular disease.
    If N/A, continue to #18. For all other answers, no further questions.

❒ ❑ Acute coronary syndromes
    ❑ Stroke of presumed atherosclerotic origin
❒ ❑ Myocardial infarction
    ❑ Transient ischemic attack (TIA)
    ❑ Stable or unstable angina
❒ ❑ Coronary or other arterial revascularization procedure (e.g., percutaneous coronary intervention [PCI], coronary artery bypass graft [CABG] surgery)
    ❑ Non-cardiac peripheral arterial disease of presumed atherosclerotic origin (e.g., carotid artery stenosis, lower extremity PAD)
❒ ❑ Obstructive coronary artery disease (defined as fifty percent or greater stenosis on cardiac computed tomography angiogram or catheterization)
    ❑ Coronary Artery Calcium (CAC) score of greater than or equal to 1000
    ❑ Other _____
    ❑ N/A, patient does not have a history of clinical atherosclerotic cardiovascular disease (ASCVD)

18. What is the patient's untreated (before any lipid-lowering therapy) LDL-C level? ***ACTION REQUIRED: Attach chart notes indicating the untreated LDL-C level.***
    ❑ Greater than or equal to 190 mg/dL
    ❑ Greater than or equal to 160 mg/dL but less than 190 mg/dL
❒ ❑ Less than 160 mg/dL

19. Are there any secondary causes that could explain the elevated untreated LDL-C? ❑ 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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