CareSource Rxinnovations

INDIANA HEALTH COVERAGE PROGRAMS (IHCP)
PCSK9 INHIBITORS AND SELECT LIPOTROPICS PRIOR AUTHORIZATION (PA) REQUEST FORM

CareSource Pharmacy Prior Authorization Form
P.O. Box 8738
Dayton, OH 45401-8738
Fax: (866) 930-0019

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

Non-Urgent ☐ Urgent ☐

Note: This form must be completed by the prescribing provider.
All sections must be completed or the request will be returned*

Member's CareSource # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Member's Name	Prescriber's Name
Prescriber's Indiana License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Prescriber's Signature
Prescriber Fax ☐☐☐ - ☐☐☐ - ☐☐☐☐	Prescriber Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐
Prescriber Address:	Date(s) of Service: Start Date:
Diagnosis:	Diagnosis Code:

Requested Medication	Strength	Quantity	Dosage Regimen

I attest that the information on this form is accurate:

Physician Signature: _____ **Date:** _____

PA Requirements for Evkeeza (evinacumab-dgnb):

1. Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH)? ☐ Yes ☐ No
2. Medication prescribed by, or in consultation with, a cardiologist or endocrinologist? ☐ Yes ☐ No
3. Select one of the following:
   - ☐ Member is five years of age or older and less than seven years of age.
   - ☐ Member is seven years of age or older and less than 10 years of age and one of the following:

PA Requirements for Evkeeza (evinacumab-dgnb) continued:

i. Member has trial and failure history of at least 90 days of therapy with rosuvastatin 20 mg?
☐ Yes ☐ No

ii. Provider has submitted documentation of intolerance/contraindication to rosuvastatin?
☐ Yes ☐ No

☐ Member is 10 years of age or older and less than 18 years of age and one of the following:

i. Member has trial and failure history with Repatha (evolocumab)? ☐ Yes ☐ No
Drug/dose/date(s):_____

ii. Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Evkeeza (evinacumab-dgnb) over Repatha (evolocumab)? ☐ Yes ☐ No
Drug/dose/date(s):_____

☐ Member is 18 years of age or older and one of the following:

i. Member has trial and failure history with Praluent (alirocumab) OR Repatha (evolocumab)?
☐ Yes ☐ No
Drug/dose/date(s):_____

ii. Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Evkeeza (evinacumab-dgnb) over Praluent (alirocumab) and Repatha (evolocumab)? ☐ Yes ☐ No
Drug/dose/date(s):_____

4. Select one of the following:
☐ Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Evkeeza (for those seven years of age and older).
☐ Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy.

5. Requested dose is 15 mg/kg every four weeks or less? ☐ Yes ☐ No Member weight: _____ LB/KG (circle one)

PA Requirements for Juxtapid (lomitapide mesylate):

1. Member is enrolled in the Juxtapid/lomitapide REMS program and prescriber is monitoring in accordance with REMS requirements? ☐ Yes ☐ No
2. Member is 18 years of age or older? ☐ Yes ☐ No
3. Medication prescribed by, or in consultation with, a cardiologist or endocrinologist? ☐ Yes ☐ No
4. Select one of the following:

☐ Member has trial and failure history of Praluent (alirocumab) or Repatha (evolocumab).

Drug/dose/date(s): _____

PA Requirements for Juxtapid (lomitapide mesylate) continued:

☐ Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Juxtapid (lomitapide mesylate) over Praluent (alirocumab) and Repatha (evolocumab).
Drug/dose/date(s):_____

5. For those of childbearing potential, documentation of a negative pregnancy test obtained in the past 30 days is attached and prescriber has counseled member on risks associated with conceiving while utilizing Juxtapid and appropriate methods of contraception? ☐ Yes ☐ No

   Prescriber Name and Signature: _____

6. Select one of the following:
   - ☐ Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Juxtapid.
   - ☐ Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy.

7. Requested dose is 60 mg/day or less? ☐ Yes ☐ No

PA Requirements for Leqvio (inclisiran):

1. Select one of the following:
   - ☐ Member has a diagnosis of primary hyperlipidemia with clinical atherosclerotic cardiovascular disease (ASCVD) or is at increased risk for ASCVD with a baseline LDL-C level of ≥55 mg/dL (documentation required).
   - ☐ Member has diagnosis of heterozygous familial hypercholesterolemia (HeFH) with a baseline LDL-C level of ≥70 mg/dL (documentation required).
2. Member is 18 years of age or older? ☐ Yes ☐ No
3. Prescribed by, or in consultation with, a cardiologist or endocrinologist? ☐ Yes ☐ No
4. Select one of the following:

   ☐ Member has trial and failure history of Praluent (alirocumab) or Repatha (evolocumab).
   Drug/dose/date(s): _____

   ☐ Member has trial and failure history of at least 90 days of high dose rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy concurrently with ezetimibe (or documented intolerance/contraindication to statins/ezetimibe) AND provider has submitted medical justification for use of Leqvio (inclisiran) over Praluent (alirocumab) and Repatha (evolocumab).
   Drug/dose/date(s):_____

5. Select one of the following:
   - ☐ Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Leqvio.
   - ☐ Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy.
6. Select one of the following:
   - ☐ Member is initiating therapy and requested dose does not exceed 284 mg every three months.
   - ☐ Member is established on therapy and requested dose does not exceed 284 mg every six months.

PA Requirements for Niacin ER

1. Diagnosis of severe hypertriglyceridemia (baseline triglycerides ≥500 mg/dL)? ☐ Yes ☐ No

If Yes, then select one of the following:

☐ Member is on concurrent therapy with all of the following for at least 90 days: omega-3 fatty acid (omega-3-acid ethyl esters or icosapent ethyl), fibric acid derivative and statin therapy.
Drug/dose/date(s):_____

☐ Member has a documented intolerance of omega-3 fatty acid, fibric acid derivative **AND** statin therapy **OR** medical justification for use of Niacin ER over omega-3 fatty acid, fibric acid derivative **AND** statin therapy.
Please explain: _____

2. Member is 17 years of age or older? ☐ Yes ☐ No

PA Requirements for Praluent (alirocumab):

1. Select one of the following:

☐ Member has a diagnosis of clinical ASCVD, is at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of clinical ASCVD, is NOT at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe therapy.

☐ Member has a diagnosis of clinical ASCVD, with a baseline LDL-C ≥190 mg/dL, not due to secondary causes, without clinical or genetic diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention AND has persistently elevated LDL-C (≥70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of clinical ASCVD, is at Very High Risk with a baseline LDL-C ≥190 mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

PA Requirements for Praluent (alirocumab) continued:

☐ Member has a diagnosis of primary hyperlipidemia, without clinical ASCVD, with a baseline LDL-C ≥190 mg/dL not due to secondary causes, with or without concomitant ASCVD risk factors, requiring therapy for primary prevention AND persistently elevated LDL-C (≥100 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) or heterozygous familial hypercholesterolemia (HeFH) AND persistently elevated LDL-C (≥70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe therapy.

*** For members requiring >25% additional lowering of LDL-C ONLY (≤ 25% LDL-C lowering must utilize high intensity statin therapy WITH ezetimibe as first line).**

Note: Documentation of any and all intolerances to statins and/or exetimibe must be provided.

For above diagnoses that require medical justification for use of Praluent over statin and/or ezetimibe therapy, please provide justification here:

_____
_____
_____

2. Select one of the following:
   - ☐ Member is 18 years of age or older
   - ☐ Member is eight years of age or older and has a diagnosis of HeFH
3. Select one of the following:
   - ☐ Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Praluent.
   - ☐ Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy.
4. Select one of the following:
   - ☐ Requested dose is 75 mg every two weeks.
   - ☐ Requested dose is 300 mg every four weeks.
   - ☐ Requested dose is 150 mg every two weeks **AND** the member has one of the following:
     - ☐ Diagnosis of homozygous familial hypercholesterolemia.
     - ☐ Diagnosis of heterozygous familial hypercholesterolemia and member is undergoing LDL apheresis.
     - ☐ Member has not achieved clinically meaningful response after at least four weeks of dosing at 75 mg every two weeks or 300 mg every four weeks.
   - ☐ Requested dose is 150 mg every four weeks **AND all of the following:**
     - ☐ Diagnosis of heterozygous familial hypercholesterolemia
     - ☐ Member is under 18 years of age and weighs less than 50 kg

PA Requirements for Repatha (evolocumab):

Select one of the following:

☐ Member has a diagnosis of clinical ASCVD, is at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of clinical ASCVD, is NOT at Very High Risk requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe.

☐ Member has a diagnosis of clinical ASCVD, with a baseline LDL-C ≥190 mg/dL, not due to secondary causes, without clinical or genetic diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention AND has persistently elevated LDL-C (≥70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of clinical ASCVD, is at Very High Risk with a baseline LDL-C ≥190 mg/dL notdue to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥55 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of primary hyperlipidemia without clinical ASCVD, with a baseline LDL-C ≥190mg/dL not due to secondary causes, with or without concomitant ASCVD risk factors, requiring therapy for primary prevention AND persistently elevated LDL-C (≥100 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant)therapy or has documented intolerance of both rosuvastatin and atorvastatin OR medical rationale against the use of statin therapy.*

☐ Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH) or heterozygous familial hypercholesterolemia (HeFH) AND persistently elevated LDL-C (≥70 mg/dL) despite treatment with 90 days of therapy with high intensity rosuvastatin (20 mg/40 mg) or atorvastatin (40 mg/80 mg, if rosuvastatin intolerant) therapy WITH ezetimibe or has documented intolerance of rosuvastatin and atorvastatin and/or ezetimibe OR medical rationale against the use of statin therapy and/or ezetimibe.

*For members requiring >25% additional lowering of LDL-C ONLY (≤ 25% LDL-C lowering must utilize high intensity state therapy WITH ezetimibe as first line).

NOTE: Documentation of any and all intolerances to statins and/or ezetimibe must be provided.

PA Requirements for Repatha (evolocumab) continued:

For any of those above diagnoses that have medical rationale against the use of statin and/or ezetimibe therapy please provide here:

_____
_____
_____

2. Select one of the following:
   - ☐ Member is 18 years of age or older.
   - ☐ Member is 10 years of age or older and has a diagnosis of either HoFH or HeFH.

3. Select one of the following:
   - ☐ Member will utilize maximally tolerated statin therapy with or without ezetimibe concurrently with Repatha.
   - ☐ Provider has submitted documented intolerance to statin and/or ezetimibe therapy or medical rationale against use of statin or ezetimibe therapy.

4. Select one of the following:
   - ☐ Requested dose is 140 mg every two weeks.
   - ☐ Requested dose is 420 mg once monthly.
   - ☐ Requested dose is 420 mg every two weeks **AND** the member has one of the following:
     - ☐ Diagnosis of HoFH and has not achieved clinically meaningful response after at least 12 weeks at 420 mg once monthly dosing.
     - ☐ Member is receiving lipid apheresis.