

**MHS PHARMACY BENEFIT  
PCSK9 INHIBITORS AND SELECT LIPOTROPICS PRIOR AUTHORIZATION REQUEST FORM**

**MHS**  
550 N. Meridian St. Suite 101  
Indianapolis, IN, 46204-1208  
Phone: (877) 647-4848 Fax: (866) 399-0929



Today's Date

/   /

**Note:** This form must be completed by the prescribing provider.

**\*\*All sections must be completed or the request will be returned\*\***

|   |   |
|---|---|
| Patient's Medicaid # <input type="text"/>                                       | Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Patient's Name  | Prescriber's Name   |
| Prescriber's IN License # <input type="text"/>                                  | Specialty   |
| Prescriber's NPI # <input type="text"/>   | Prescriber's Signature  |
| Return Fax # <input type="text"/> - <input type="text"/> - <input type="text"/> | Return Phone # <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Check box if requesting retroactive PA <input type="checkbox"/>                 | Date(s) of service requested for retroactive eligibility (if applicable):         |

*Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).*

| Requested Medication | Strength | Quantity | Dosage Regimen |
|----------------------|----------|----------|----------------|
|                      |          |          |                |

**PA Requirements for Niacin ER**

1. Diagnosis of severe hypertriglyceridemia (baseline triglycerides  $\geq 500$  mg/dL)  Yes  No

**If Yes, then 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, 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 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. Member is 12 years of age or older  Yes  No
- 4. Member will use at least one additional lipid-lowering therapy concurrently with Evkeeza  Yes  No

Drug/dose(s): \_\_\_\_\_

**5. One of the following:**

- Previous trial and failure of Praluent (alirocumab) OR Repatha (evolocumab)

Drug/dose/date(s): \_\_\_\_\_

*Note: Members 10 through 17 years of age must trial Repatha first. Members 18 years of age and older must trial Praluent or Repatha first.*

- Contraindication/intolerance of Repatha AND Praluent, OR medical justification for use of Evkeeza  
Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**One of the following (if Repatha AND Praluent contraindication/intolerance exists):**

- Previous trial and failure of at least 90 days of high intensity rosuvastatin (20mg/40mg) therapy concurrently with ezetimibe

Drug/dose/date(s): \_\_\_\_\_

- Member has a rosuvastatin intolerance and has a previous trial and failure of at least 90 days of high intensity atorvastatin (40mg/80mg) therapy concurrently with ezetimibe

Drug/dose/date(s): \_\_\_\_\_

- Documented intolerance to both rosuvastatin and atorvastatin and/or ezetimibe OR medical justification for use of Evkeeza over statin and/or ezetimibe therapy

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

- 6. Requested dose is 15 mg/kg every 4 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. **One of the following:**

- Previous trial and failure of Praluent (alirocumab) OR Repatha (evolocumab)

Drug/dose/date(s): \_\_\_\_\_

- Contraindication/intolerance of Repatha AND Praluent, OR medical justification for use of Juxtapid  
Please explain:

\_\_\_\_\_

\_\_\_\_\_

**One of the following (if Repatha AND Praluent contraindication/intolerance exists):**

- Previous trial and failure of at least 90 days of high intensity rosuvastatin (20mg/40mg) therapy concurrently with ezetimibe

Drug/dose/date(s): \_\_\_\_\_

- Member has a rosuvastatin intolerance and has a previous trial and failure of at least 90 days of high intensity atorvastatin (40mg/80mg) therapy concurrently with ezetimibe

Drug/dose/date(s): \_\_\_\_\_

- Documented intolerance to both rosuvastatin and atorvastatin and/or ezetimibe OR medical justification for use of Juxtapid over statin and/or ezetimibe therapy  
Please explain:

\_\_\_\_\_

\_\_\_\_\_

- 5. Member has negative pregnancy test in the past 30 days (documentation required) 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. Requested dose is 60 mg/day or less  Yes  No

**PA Requirements for Leqvio (inclisiran):**

**1. One of the following:**

- Member has a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) AND an elevated LDL-C level ( $\geq 70$  mg/dL) (documentation required)
- Member has diagnosis of heterozygous familial hypercholesterolemia (HeFH) AND an elevated LDL-C level ( $\geq 100$  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. One of the following:**

- Member will be using maximally tolerated statin therapy AND ezetimibe concurrently with Leqvio

Drug/dose: \_\_\_\_\_

- Contraindication/intolerance of statin therapy AND/OR ezetimibe

Please explain:

\_\_\_\_\_

\_\_\_\_\_

**5. One of the following:**

- Previous trial and failure of Praluent (alirocumab) OR Repatha (evolocumab)

Drug/dose/date(s): \_\_\_\_\_

- Contraindication/intolerance of Repatha AND Praluent, OR medical justification for use of Leqvio

Please explain:

\_\_\_\_\_

\_\_\_\_\_

**One of the following (if Repatha AND Praluent contraindication/intolerance exists):**

- Previous trial and failure of at least 90 days of high intensity rosuvastatin (20mg/40mg) therapy concurrently with ezetimibe

Drug/dose/date(s): \_\_\_\_\_

- Member has a rosuvastatin intolerance and has a previous trial and failure of at least 90 days of high intensity atorvastatin (40mg/80mg) therapy concurrently with ezetimibe

Drug/dose/date(s): \_\_\_\_\_

- Documented intolerance to both rosuvastatin and atorvastatin and/or ezetimibe OR medical justification for use of Leqvio over statin and/or ezetimibe therapy

Please explain:

\_\_\_\_\_

\_\_\_\_\_

**6. One of the following:**

- Member is initiating therapy and requested dose does not exceed 284 mg every 3 months

- Member is established on therapy and requested dose does not exceed 284 mg every 6 months

## PA Requirements for Praluent (alirocumab):

### 1. 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 ( $\geq 55$  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 ( $\geq 70$  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  $\geq 190$  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 ( $\geq 70$  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  $\geq 190$  mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C ( $\geq 55$  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  $\geq 190$  mg/dL not due to secondary causes, with or without concomitant ASCVD risk factors, requiring therapy for primary prevention AND persistently elevated LDL-C ( $\geq 100$  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 ( $\geq 70$  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 ( $\leq 25\%$  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 ezetimibe must be provided.**

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

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2. Member is 18 years of age or older  Yes  No

3. **One of the following:**

Requested dose is 75 mg every 2 weeks

Requested dose is 300 mg every 4 weeks

Requested dose is 150 mg every 2 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 4 weeks of dosing at 75 mg every 2 weeks or 300 mg every 4 weeks

### PA Requirements for Repatha (evolocumab):

1. **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 ( $\geq 55$  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 ( $\geq 70$  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  $\geq 190$  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 ( $\geq 70$  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  $\geq 190$  mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C ( $\geq 55$  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  $\geq 190$  mg/dL not due to secondary causes, with or without concomitant ASCVD risk factors, requiring therapy for primary prevention AND persistently elevated LDL-C ( $\geq 100$  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 ( $\geq 70$  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 ( $\leq 25\%$  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 ezetimibe must be provided.**

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

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**2. 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. One of the following:**

- Requested dose is 140 mg every 2 weeks
- Requested dose is 420 mg once monthly
- Requested dose is 420 mg every 2 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 420mg once monthly dosing
  - Member is receiving lipid apheresis

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