LIPOTROPICS, OTHER PRIOR AUTHORIZATION FORM (form effective 1/9/2023)

Prior authorization guidelines Lipotropics, Other and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan’s website at
https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

Complete all sections that apply to the beneficiary and this request.

Check all that apply and submit documentation for each item.

### INITIAL requests

1. **For treatment of ANY LIPID DISORDER:**
   - Has results of a lipid profile within the past 3 months

2. **For a PCSK9 INHIBITOR (eg, Leqvio, Praluent, Repatha), NEXLETOL (bempedoic acid), or NEXLIZET (bempedoic acid/ezetimibe):**
   - Has at least one of the following diagnoses:
     - A history of clinical atherosclerotic cardiovascular disease
     - Familial hypercholesterolemia
     - Severe hypercholesterolemia (baseline LDL-C ≥190 mg/dL)
   - One of the following related to history of statin use:
     - Failed to achieve goal LDL-C or percentage reduction of LDL-C with maximally tolerated doses of TWO different high-intensity statins (eg, atorvastatin, rosuvastatin) for at least THREE consecutive months each
     - Is unable to tolerate high-intensity statins:
       - Has a temporally related intolerance to high-intensity statins
       - Tried and failed or has an intolerance to the lowest FDA-approved daily dose or alternate-day dosing of any statin for at least THREE months
       - Modifiable comorbid conditions that may enhance statin intolerance were ruled out and/or addressed by the prescriber (eg, drug interactions, hypothyroidism, vitamin D deficiency, etc.)
     - Has a contraindication to statins
One of the following related to history of **ezetimibe** use:
- Failed to achieve goal LDL-C or percentage reduction of LDL-C with ezetimibe in combination with maximally tolerated dose of the highest-tolerated intensity statin (eg, atorvastatin, rosvastatin) for at least THREE consecutive months
- Has a contraindication or an intolerance to ezetimibe
- Has an LDL-C that is >25% above goal LDL-C while adherent to treatment with the maximally tolerated dose of the highest-tolerated intensity statin for at least THREE consecutive months
- Is prescribed the PCKS9 inhibitor in addition to the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate)
- For a diagnosis of HoFH, is prescribed the PCKS9 inhibitor in addition to other standard lipid-lowering treatments

**For a non-preferred PCSK9 inhibitor:**
- Tried and failed a preferred PCSK9 inhibitor or has a contraindication or an intolerance to the preferred PCSK9 inhibitors approved or medically accepted for the treatment of the beneficiary’s diagnosis (Refer to [https://papdl.com/preferred-drug-list](https://papdl.com/preferred-drug-list) for a list of preferred and non-preferred drugs in this class.)

**For Nexletol (bempedoic acid) or Nexlizet (bempedoic acid/ezetimibe):**
- Is prescribed the medication by or in consultation with an appropriate specialist (eg, cardiologist, endocrinologist, other provider specializing in lipid disorders)
- Tried and failed a PCSK9 inhibitor or has a contraindication or an intolerance to PCSK9 inhibitors
- If currently taking simvastatin or pravastatin, will not be using Nexletol/Nexlizet concomitantly with simvastatin at a dose of >20 mg daily or pravastatin at a dose of >40 mg daily

### 3. For EVKEEZA (evinacumab) or JUXTAPID (lomitapide):
- Is prescribed the medication by or in consultation with a cardiologist, endocrinologist, or other provider specializing in lipid disorders
- One of the following:
  - Is homozygous for LDL receptor (LDLR)-negative mutations (ie, has LDLR-negative mutations in both alleles) associated with LDLR activity below 2%
- Is prescribed the medication in addition to other standard lipid-lowering treatments

### 4. For VASECPA (icosapent ethyl):
- One of the following:
  - Has a history of clinical atherosclerotic cardiovascular disease
  - Both of the following:
    - Has diabetes mellitus
    - Has at least 2 additional ASCVD risk factors (check all that apply):
      - Age ≥50 years
      - HDL-C ≤40 mg/dL for males or ≤50 mg/dL for females
      - Cigarette smoking
      - Retinopathy
      - Hypertension
      - Micro- or macroalbuminuria
      - hs-CRP >3.00 mg/L
      - ABI <0.9
      - CrCl <60 mL/min
      - Other:
- Tried and failed or has a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to [https://papdl.com/preferred-drug-list](https://papdl.com/preferred-drug-list) for a list of preferred and non-preferred drugs in this class.)
- Has fasting triglycerides ≥150 mg/dL
- One of the following:
  - Tried and failed maximally tolerated doses of TWO different high-intensity statins for at least THREE months each
  - Has a history of statin intolerance after modifiable risk factors have been addressed (eg, drug interactions, hypothyroidism, vitamin D deficiency, etc.)
  - Has a contraindication to statins
5. For **ALL OTHER NON-PREFERRED Lipotropics, Other**:
   - □ Tried and failed or has a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the beneficiary's diagnosis *(Refer to [https://papdl.com/preferred-drug-list](https://papdl.com/preferred-drug-list) for a list of preferred and non-preferred drugs in this class.)*

### RENEWAL requests

1. For **ALL diagnoses**:
   - □ Experienced a positive clinical response demonstrated by lab test results, if appropriate for the diagnosis, since starting the requested medication (e.g., decreased LDL-C, decreased triglycerides, etc.)

2. For a **PCSK9 INHIBITOR** *(eg, Leqvio, Praluent, Repatha)*:
   - □ Is using the PCSK9 inhibitor in addition to the maximally tolerated dose of the highest-tolerated intensity statin
   - □ For a diagnosis of HoFH, is using the PCSK9 inhibitor in addition to other standard lipid-lowering treatments

3. For **NEXLETOL (bempedoic acid)** or **NEXLIZET (bempedoic acid/ezetimibe)**:
   - □ Is prescribed the medication by or in consultation with an appropriate specialist (eg, cardiologist, endocrinologist, other provider specializing in lipid disorders)
   - □ Is using the medication in addition to the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate)
   - □ If currently taking simvastatin or pravastatin, will not be using Nexletol/Nexlizet concomitantly with simvastatin at a dose of >20 mg daily or pravastatin at a dose of >40 mg daily

4. For **EVKEEZA (evinacumab)** or **JUXTAPID (lomitapide)**:
   - □ Is prescribed the medication by or in consultation with a cardiologist, endocrinologist, or other provider specializing in lipid disorders
   - □ Is prescribed the medication in addition to other standard lipid-lowering treatments

5. For **ALL OTHER NON-PREFERRED Lipotropics, Other**:
   - □ Tried and failed or has a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the beneficiary's diagnosis *(Refer to [https://papdl.com/preferred-drug-list](https://papdl.com/preferred-drug-list) for a list of preferred and non-preferred drugs in this class.)*

Please submit to PromptPA [https://ghp.promptpa.com](https://ghp.promptpa.com) OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

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