

JUXTAPID (lomitapide) and EVKEEZA (evinacumab) PRIOR AUTHORIZATION FORM (form effective 01/03/2022)

Prior authorization guidelines for **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>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		Total # of pages: _____		Prescriber name:	
Name of office contact:				Specialty:	
Contact's phone number:				NPI:	State license #:
LTC facility contact/phone:				Street address:	
Beneficiary name:				Suite #:	City/state/zip:
Beneficiary ID#:		DOB:	Phone:		Fax:

CLINICAL INFORMATION

Drug requested: <input type="checkbox"/> Juxtapid capsule <input type="checkbox"/> Evkeeza vial		Strength:	
Dose/directions:		Quantity:	Refills:
Diagnosis:		DX code (<i>required</i>):	
Is the requested medication prescribed by or in consultation with a cardiologist, endocrinologist, or other lipid disorder specialist?		<input type="checkbox"/> Yes <i>If prescriber is not a specialist, submit documentation of consultation.</i> <input type="checkbox"/> No	

INITIAL Requests

Check all options that apply to the beneficiary and *submit documentation for each, including chart notes, test results, and medication history.*

- Diagnosis of homozygous familial hypercholesterolemia (HoFH) supported by medical & family history, cholesterol panel, labs, etc.
- Has documentation of results of a lipid profile within the past 3 months
- History of trial and failure of or a contraindication or an intolerance of the following lipid lowering drug classes at therapeutic doses:
 - bile acid sequestrants (ex. cholestyramine, Welchol)
 - omega-3 fatty acids (ex. Lovaza, Vascepa)
 - statins
 - ezetimibe (Zetia)
 - PCSK9 inhibitor (ex. Praluent, Repatha)
 - other: _____
 - fibrates (ex. fenofibrate, gemfibrozil)
- Will be taking the requested medication in addition to therapeutic doses of agents in the following lipid lowering drug classes:
 - bile acid sequestrants (ex. cholestyramine, Welchol)
 - fibrates (ex. fenofibrate, gemfibrozil)
 - statins
 - ezetimibe (Zetia)
 - omega-3 fatty acids (ex. Lovaza, Vascepa)
 - other: _____
- Is homozygous for LDLR-negative mutations (i.e., has LDLR-negative mutations in both alleles) associated with LDLR activity below 2%
- This request is for **JUXTAPID** and:
 - Is **NOT** taking a medication that is a moderate or strong CYP3A4 inhibitor (*submit medication list*)
 - Does not have moderate to severe liver impairment, active liver disease, or unexplained persistent elevations of transaminases

RENEWAL Requests

Check all options that apply to the beneficiary and *submit documentation for each, including chart notes, test results, and medication history.*

- Has a documented decrease in LDL-C since starting the requested medication
- This request is for **JUXTAPID** and:
 - Is **NOT** taking a medication that is a moderate or strong CYP3A4 inhibitor (*submit medication list*)
 - Does not have moderate to severe liver impairment, active liver disease, or unexplained persistent elevations of transaminases

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

GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855•552•6028 PA Relay 711 GeisingerHealthPlan.com



Prescriber Signature:	Date:
------------------------------	--------------

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.