

## PCSK9 INHIBITORS 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	# 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"/> Praluent <i>(indicate formulation)</i> : <input type="checkbox"/> pen <input type="checkbox"/> other: _____		
	<input type="checkbox"/> Repatha <i>(indicate formulation)</i> : <input type="checkbox"/> Pushtrex <input type="checkbox"/> SureClick <input type="checkbox"/> syringe <input type="checkbox"/> other: _____		
Strength:	Dose/directions:	Quantity:	Refills:
Diagnosis <i>(submit documentation)</i> :		Dx code <i>(required)</i> :	

#### ALL requests (initial and renewal)

List all lipid-lowering medications and doses the beneficiary will use in conjunction with the requested PCSK9 inhibitor.

#### All INITIAL requests

**Check all of the following that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.**

- Has documentation of results of a lipid profile within the past 3 months
- Tried and failed maximally tolerated doses of TWO different high-intensity statins (i.e., atorvastatin, rosuvastatin) for at least THREE months each
- Is unable to tolerate high-intensity statins:
  - Has a temporally related intolerance to high-intensity statins (i.e., occurrence of symptoms and/or lab abnormalities upon initiation of a statin, resolution of symptoms and/or lab abnormalities upon discontinuation of a statin, and recurrence of symptoms and/or lab abnormalities after rechallenge with the same statin at the same dose)
  - 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
  - The following conditions associated with statin intolerance were ruled out or addressed:
 

<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Obstructive liver disease
<input type="checkbox"/> Acute or chronic kidney impairment	<input type="checkbox"/> Drug interactions with statins
<input type="checkbox"/> Vitamin D deficiency	
- Has one of the following contraindications to statins:
  - Has active liver disease or unexplained persistent elevations in hepatic transaminase levels
  - Is pregnant or breastfeeding
- Tried and failed ezetimibe in combination with the highest-tolerated intensity statin for at least THREE months
- Has a contraindication or intolerance to ezetimibe

#### All RENEWAL requests

Did the beneficiary's LDL-C decrease since starting the requested medication?	<input type="checkbox"/> Yes	<i>Submit documentation.</i>
	<input type="checkbox"/> No	

**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



<b>Prescriber Signature:</b>	<b>Date:</b>
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