Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial Individual (Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Praluent® (alirocumab)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

What is the provider's specialty? ☐ Cardiologist ☐ Endocrinologist ☐ Lipidologist ☐ Other: _____

Product Information

Drug product:
- ☐ Praluent 75 mg/mL prefilled pen
- ☐ Praluent 150 mg/mL prefilled pen
- ☐ Praluent 75 mg/mL prefilled syringe
- ☐ Praluent 150 mg/mL prefilled syringe

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Drug cost information

The wholesale acquisition cost for each 28-day supply of Praluent is $1,120. The cost of treatment with this drug is more than $14,500 each year.

New request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Heterozygous familial hypercholesterolemia
- ☐ *Other – the patient's condition is:* _____
  Rationale for use: _____

B. If heterozygous familial hypercholesterolemia, does the patient have either of the below to support the diagnosis?

- ☐ Genetic testing (must submit to Priority Health)
- ☐ WHO Dutch Lipid Clinic Network diagnostic score of 8 or higher (complete the table below by circling applicable score values)
- ☐ Simon-Broome criteria for Familial Hypercholesterolemia (must submit to Priority Health)
- ☐ None – rationale for use: _____

All fields must be complete and legible for review. Your office will receive a response via fax.

Updated 02/2018
Last reviewed 03/2018

	Criteria	Score
Family History	First-degree relative known with premature CAD and/or first-degree relative with LDL-C > 95th percentile	1
	First-degree relative with tendon xanthomata and/or children <18 with LDL-C >95th percentile	2
Clinical History	Patient has premature CAD	2
	Patient has premature cerebral/peripheral vascular disease	1
Physical Examination	Tendon xanthomata	6
	Arcus cornealis below the age of 45 years	4
LDL-C	> 330 mg/dL	8
	250 – 329 mg/dL	5
	190 – 249 mg/dL	3
	155 – 189 mg/dL	1
	Total score:	

C. What is the patient's most recent LDL-C?

Lab date _____ **Result** _____ mg/dL

LDL-C not available; rationale for use: _____

D. Has the patient experienced therapeutic failure despite at least 3 months of high-intensity statin therapy?

- ☐ Yes
  - ☐ Unable to reach target LDL-C of < 100 mg/dL (high risk)
  - ☐ Unable to reach target LDL-C of < 70 mg/dL (very high risk)
  - ☐ Patient has been at least 90% adherent to prescribed doses
- ☐ No; rationale for use: _____

E. Is the patient currently receiving and will continue to receive a high-intensity statin therapy (atorvastatin or rosuvastatin) or statin therapy at the maximally tolerated dose?

- ☐ Yes
- ☐ No, due to (select below):
  - ☐ Clinical rhabdomyolysis (supported by acute elevations in creatinine kinase (> 10 times ULN))
  - ☐ Contraindication: Treatment with a statin is contraindicated because: _____
  - ☐ Other: _____

F. Please provide details of medication history below

Drug & Strength	Dose	Dates of Use	Reason for Stopping

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Updated 02/2018
Last reviewed 03/2018

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be age 18 or older.
2. Must be prescribed by a cardiologist, endocrinologist, or lipidologist.
3. Must submit most recent LDL cholesterol (LDL-C) laboratory report.
4. Must submit most recent medical records relating to familial hypercholesterolemia.
5. Must continue to receive maximally tolerated statin therapy OR have a labeled contraindication to the use of statin therapy OR have experienced clinical rhabdomyolysis.
6. Must not be also using Juxtapid (lomitapide), Kynamro (mipomersen), or Repatha (evolocumab).
7. Must meet all the requirements for the following condition, and meet the applicable criteria:
   a. Heterozygous familial hypercholesterolemia
   - Requires documented genetic testing, a score of "Definite Familial Hypercholesterolemia" on the Simon-Broome criteria, or a score greater than 8 based on the WHO Dutch Lipid Clinic Network diagnostic criteria sent to Priority Health.
   - Must have experienced therapeutic failure despite at least 3 months of high-intensity statin therapy.

Additional information

Praluent is not covered for statin-intolerance or clinical atherosclerotic cardiovascular disease. Members have the option of being seen at a Lipid Management Clinic. A Lipid Management Clinic is defined as a clinic headed by a board-certified cardiologist or lipidologist open to referrals of patients with lipid abnormalities or statin intolerance.

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