INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT
PCSK9 INHIBITORS AND SELECT LIPOTROPICS PRIOR AUTHORIZATION REQUEST FORM

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Optum Rx®

UnitedHealthcare® Community Plan

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 # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's IN License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Prescriber's Signature
Return Fax # ☐☐☐ - ☐☐☐ - ☐☐☐☐	Return Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
Check box if requesting retro-active PA ☐	Date(s) of service requested for retro-active 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 ≥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 (≥70 mg/dL) (documentation required)
   - ☐ Member has diagnosis of heterozygous familial hypercholesterolemia (HeFH) AND an elevated LDL-C level (≥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 (≥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 (≥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 ≥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 (≥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 ≥190 mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥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 ≥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 (≥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 (≥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 (≤ 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:

_____

_____

_____

_____

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 (≥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 (≥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 ≥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 (≥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 ≥190 mg/dL not due to secondary causes, a diagnosis of familial hypercholesterolemia, requiring therapy for secondary prevention, AND has persistently elevated LDL-C (≥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 ≥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 (≥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 (≥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 (≤ 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:

_____
_____
_____
_____

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