CONTAINS CONFIDENTIAL PATIENT INFORMATION

Praluent (alirocumab)

Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:
Prior Authorization of Benefits Center at 1-844-512-9004
Provider Help Desk 1-800-454-3730

1. PATIENT INFORMATION	2. PHYSICIAN INFORMATION
Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
Patient Phone #: _____	Physician Specialty: _____
Patient Email Address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician Email Address: _____

3. MEDICATION	4. STRENGTH	5. DIRECTIONS	6. QUANTITY PER 30 DAYS
Praluent (alirocumab)	_____	_____	Specify: _____

7. DIAGNOSIS: _____

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Heterozygous Familial Hypercholesterolemia (HeFH)

☐ Yes	☐ No	Patient has a diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH)
☐ Yes	☐ No	Patient's total cholesterol is > 290mg/dL or LDL-C > 190mg/dL
☐ Yes	☐ No	Patient has presence of tendon xanthomas
☐ Yes	☐ No	Patient has, in first or second degree relative, one of the following: documented tendon xanthomas; MI at age ≤ 60 years; or total cholesterol > 290mg/dL
☐ Yes	☐ No	Patient has confirmation of diagnosis by gene or receptor testing (attach results)

Clinical Atherosclerotic Cardiovascular Disease (ASCVD)

☐ Yes	☐ No	Patient has a diagnosis of Clinical Atherosclerotic Cardiovascular Disease (ASCVD)
☐ Yes	☐ No	Patient has a history of MI, angina, coronary or other arterial revascularization, stroke, TIA, or PVD of atherosclerotic origin
☐ Yes	☐ No	Patient has been unable to reach goal LDL-C with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications (trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin), PLUS ezetimibe (Zetia) 10mg daily, PLUS cholestyramine daily) (documentation is required)
☐ Yes	☐ No	Documented evidence is provided that the use of these agents would be medically contraindicated
☐ Yes	☐ No	Patient is 18 years of age or older

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Required for All Requests:

□ Yes □ No Requested drug is prescribed as an adjunct to a low fat diet

□ Yes □ No A baseline and current lipid profile is provided (baseline lipid profile is defined as a lipid profile obtained prior to pharmacologic therapy)

□ Yes □ No Documentation patient has been counseled on importance of abstinence from tobacco and, if a current smoker, be encouraged to enroll in a smoking cessation program is porvided

□ Yes □ No Requested drug is prescribed by a lipidologist, cardiologist, or endocrinologist

□ Yes □ No Prescriber and dispensing pharmacy will educate the patient on proper storage and administration

Statin 1 trial:
Dose:_____ Trial dates: _____

Failure reason:_____

Statin 2 trial:
Dose:_____ Trial dates: _____

Failure reason:_____

Plus concurrent ezetimibe (Zetia) trial:
Dose:_____ Trial dates: _____

Failure reason:_____

Plus concurrent cholestyramine trial:
Dose:_____ Trial dates: _____

Failure reason:_____

Total cholesterol:_____ Date obtained:_____ LDL-C:_

_____ Date obtained:_____

Requests for Continued Therapy:
Lipid profile required at week 8, week 24, and every 6 months thereafter

□ Yes □ No Patient continues therapy with a maximally tolerated statin dose and remains at goal

□ Yes □ No Patient has continued compliance with a low fat diet

□ Yes □ No Patient's LDL-C is at goal

Quantity Limits:
For HeFH or ASCVD: One syringe/pen/autoinjector per fill (requires refill every 14 days)

Initial Requests (please see below for renewal requests):
HeFH or ASCVD Drug and Dose Requested:
□ 75mg every 2 weeks for 8 weeks (4 doses)

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Renewal Requests:
HeFH or ASCVD
Lipid profile required at week 8, week 24, and every 6 months thereafter (attach results).
☐ Yes - Most recent date obtained:_____LDL-C:_____ ☐ No

☐ LDL-C at goal – continue therapy at 75mg every 2 weeks for 24 weeks
☐ LDL-C not at goal – increase dose to 150mg every 2 weeks for 8 weeks (4 doses) and repeat LDL-C in 8 weeks
o If repeat LDL-C at goal – continue therapy at 150mg every 2 weeks for 24 weeks
o If repeat LDL-C not at goal – discontinue treatment

Statin to be used as adjunct to PCSK9 inhibitor:_____Dose:_____

The 72-hour emergency supply rule does not apply to PCSK9 Inhibitors. Prescriber and dispensing pharmacy will educate the patient on proper storage and administration. Improperly stored medications will not be replaced. Lost or stolen medication replacement requests will not be authorized. Goal is defined as a 50% reduction in untreated baseline LDL-C.

Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and laboratory data.

9. PHYSICIAN SIGNATURE

_____ _____
Prescriber or Authorized Signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.
Note: Payment is subject to member eligibility. Authorization does not guarantee payment.