



# Antihyperlipidemics Proprotein Convertase Subtilisin Kexin Type 9 (PCSK-9) Inhibitors

Please provide the information below, print your answers, attach supporting documentation, sign, date and return to our office as soon as possible to expedite this request.

**Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082.**

Date of Request			
Patient	Date of Birth	Molina Member ID#	
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number
Prescriber	Prescriber NPI	Telephone Number	Fax Number
Medication and Strength			Qty/Days Supply
Directions for Use			
<p>1. Indicate patient's diagnosis:</p> <p><input type="checkbox"/> Heterozygous Familial Hypercholesterolemia (HeFH)</p> <p><input type="checkbox"/> Secondary Prophylaxis in Adults with Established Cardiovascular Disease (CVD) Is patient very high risk, defined as multiple major ASCVD events or major ASCVD event and multiple high-risk conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Homozygous Familial Hypercholesterolemia (HoFH)</p> <p><input type="checkbox"/> Other. Specify: _____</p> <p>2. What was the baseline LDL prior to any treatment? _____ mg/dL</p> <p>3. What is the current LDL? _____ mg/dL</p> <p>4. What is the patient specific LDL goal? _____ mg/dL</p> <p>5. Please indicate which applies to your patient and answer the corresponding questions:</p> <p><input type="checkbox"/> Patient completed at least 6 consecutive weeks of the highest tolerated statin regimen with ezetimibe.</p> <p>What is the current statin regimen (name and strength): _____</p> <p>What was the patient's LDL after at least 8 weeks? _____ mg/dL</p> <p>Did patient achieve at least a 50% LDL reduction from baseline? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What other statin regimens (name and strength) were attempted? _____</p>			

Patient is statin intolerant

What statin regimens (name and strength) were attempted? \_\_\_\_\_

What were the reasons leading to discontinuation? \_\_\_\_\_

6. Will patient be continuing on the statin listed on question #5 while on PCSK9 Inhibitor?  Yes  No

7. Will this be used in combination with another proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor?  Yes  No

8. Is this prescribed by a provider specializing in lipid management (e.g. cardiologist, endocrinologist or lipid specialist)?  Yes  No

If no, has there been a consultation with a provider specializing in lipid management (e.g. cardiologist, endocrinologist or lipid specialist)?  Yes  No

If yes, please provide consultation note.

**For re-authorization requests only: Chart notes and labs documenting clinical benefit in continuing a PCSK9 Inhibitor is required for re-authorization.**

9. What is the current LDL? \_\_\_\_\_

10. What is the patient-specific LDL goal? \_\_\_\_\_

11. Has patient had at least a 30% reduction in LDL or an achievement of a patient specific goal since initiation of a PCSK9 inhibitor?  Yes  No

**CHART NOTES ARE REQUIRED WITH THIS REQUEST**

Prescriber Signature

Prescriber Specialty

Date