



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, Options 0,1,2,3.

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