

## LIPOTROPICS, OTHER PRIOR AUTHORIZATION FORM *(form effective 1/9/2023)*

Prior authorization guidelines **Lipotropics, Other** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	Total pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

### CLINICAL INFORMATION

Drug requested:	Strength:	
Dose/directions:	Quantity:	Refills:
Diagnosis ( <i>submit documentation</i> ):	Dx code ( <i>required</i> ):	

Complete all sections that apply to the beneficiary and this request.  
*Check all that apply and submit documentation for each item.*

#### INITIAL requests

1. For treatment of **ANY LIPID DISORDER**:
  - Has results of a lipid profile within the past 3 months
2. For a **PCSK9 INHIBITOR** (eg, **Leqvio**, **Praluent**, **Repatha**), **NEXLETOL** (bempedoic acid), or **NEXLIZET** (bempedoic acid/ezetimibe):
  - Has at least one of the following **diagnoses**:
    - A history of clinical atherosclerotic cardiovascular disease
    - Familial hypercholesterolemia
    - Severe hypercholesterolemia (baseline LDL-C  $\geq$ 190 mg/dL)
  - One of the following related to history of **statin** use:
    - Failed to achieve goal LDL-C or percentage reduction of LDL-C with maximally tolerated doses of TWO different high-intensity statins (eg, atorvastatin, rosuvastatin) for at least THREE consecutive months each
    - Is unable to tolerate high-intensity statins:
      - Has a temporally related intolerance to high-intensity statins
      - Tried and failed or has an intolerance to the lowest FDA-approved daily dose or alternate-day dosing of any statin for at least THREE months
      - Modifiable comorbid conditions that may enhance statin intolerance were ruled out and/or addressed by the prescriber (eg, drug interactions, hypothyroidism, vitamin D deficiency, etc.)

- Has a contraindication to statins
- One of the following related to history of **ezetimibe** use:
  - Failed to achieve goal LDL-C or percentage reduction of LDL-C with ezetimibe in combination with maximally tolerated dose of the highest-tolerated intensity statin (eg, atorvastatin, rosuvastatin) for at least THREE consecutive months
  - Has a contraindication or an intolerance to ezetimibe
  - Has an LDL-C that is >25% above goal LDL-C while adherent to treatment with the maximally tolerated dose of the highest-tolerated intensity statin for at least THREE consecutive months
- Is prescribed the PCSK9 inhibitor in addition to the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate)
- For a diagnosis of HoFH, is prescribed the PCSK9 inhibitor in addition to other standard lipid-lowering treatments
- For a **non-preferred PCSK9 inhibitor**:
  - Tried and failed a preferred PCSK9 inhibitor or has a contraindication or an intolerance to the preferred PCSK9 inhibitors approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)
- For **Nexletol (bempedoic acid)** or **Nexlizet (bempedoic acid/ezetimibe)**:
  - Is prescribed the medication by or in consultation with an appropriate specialist (eg, cardiologist, endocrinologist, other provider specializing in lipid disorders)
  - Tried and failed a PCSK9 inhibitor or has a contraindication or an intolerance to PCSK9 inhibitors
  - If currently taking simvastatin or pravastatin, will not be using Nexletol/Nexlizet concomitantly with simvastatin at a dose of >20 mg daily or pravastatin at a dose of >40 mg daily

3. For **EVKEEZA (evinacumab)** or **JUXTAPID (lomitapide)**:

- Is prescribed the medication by or in consultation with a cardiologist, endocrinologist, or other provider specializing in lipid disorders
- One of the following:
  - Tried and failed or has a contraindication or an intolerance to PCSK9 inhibitors
  - Is homozygous for LDL receptor (LDLR)-negative mutations (ie, has LDLR-negative mutations in both alleles) associated with LDLR activity below 2%
- Is prescribed the medication in addition to other standard lipid-lowering treatments

4. For **VASECPA (icosapent ethyl)**:

- One of the following:
  - Has a history of clinical atherosclerotic cardiovascular disease
  - Both of the following:
    - Has diabetes mellitus
    - Has at least 2 additional ASCVD risk factors (check all that apply):
 

<input type="checkbox"/> age ≥50 years	<input type="checkbox"/> HDL-C ≤40 mg/dL for males or ≤50 mg/dL for females
<input type="checkbox"/> cigarette smoking	<input type="checkbox"/> retinopathy
<input type="checkbox"/> hypertension	<input type="checkbox"/> micro- or macroalbuminuria
<input type="checkbox"/> hs-CRP >3.00 mg/L	<input type="checkbox"/> ABI <0.9
<input type="checkbox"/> CrCl <60 mL/min	<input type="checkbox"/> other: _____
  - Tried and failed or has a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)
- Has fasting triglycerides ≥150 mg/dL
- One of the following:
  - Tried and failed maximally tolerated doses of TWO different high-intensity statins for at least THREE months each
  - Has a history of statin intolerance after modifiable risk factors have been addressed (eg, drug interactions, hypothyroidism, vitamin D deficiency, etc.)
  - Has a contraindication to statins

5. For **ALL OTHER NON-PREFERRED Lipotropics, Other:**

- Tried and failed or has a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)

**RENEWAL requests**

1. For **ALL** diagnoses:

- Experienced a positive clinical response demonstrated by lab test results, if appropriate for the diagnosis, since starting the requested medication (e.g., decreased LDL-C, decreased triglycerides, etc.)

2. For a **PCSK9 INHIBITOR (eg, Leqvio, Praluent, Repatha):**

- Is using the PCSK9 inhibitor in addition to the maximally tolerated dose of the highest-tolerated intensity statin  
 For a diagnosis of HoFH, is using the PCSK9 inhibitor in addition to other standard lipid-lowering treatments

3. For **NEXLETOL (bempedoic acid) or NEXLIZET (bempedoic acid/ezetimibe):**

- Is prescribed the medication by or in consultation with an appropriate specialist (eg, cardiologist, endocrinologist, other provider specializing in lipid disorders)  
 Is using the medication in addition to the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate)  
 If currently taking simvastatin or pravastatin, will not be using Nexletol/Nexlizet concomitantly with simvastatin at a dose of >20 mg daily or pravastatin at a dose of >40 mg daily

4. For **EVKEEZA (evinacumab) or JUXTAPID (lomitapide):**

- Is prescribed the medication by or in consultation with a cardiologist, endocrinologist, or other provider specializing in lipid disorders  
 Is prescribed the medication in addition to other standard lipid-lowering treatments

5. For **ALL OTHER NON-PREFERRED Lipotropics, Other:**

- Tried and failed or has a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION**

Prescriber Signature:

Date:

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