

**Repatha (for Maryland only)  
Prior Authorization Request**

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**PATIENT INFORMATION**

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**ID:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

**PRESCRIBER INFORMATION**

**Name:** \_\_\_\_\_  
**Office Telephone:** \_\_\_\_\_  
**Office Fax:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_  
**NPI#:** \_\_\_\_\_

**MARYLAND STEP THERAPY**

1. Would the prescriber like to request an override of the step therapy requirement?  
 Yes  No *If No, skip to next section.*
2. Has the member received the medication through a pharmacy or medical benefit within the past 180 days?  
 Yes  No **ACTION REQUIRED: Please provide documentation to substantiate the member had a prescription paid for within the past 180 days (i.e. PBM medication history, pharmacy receipt, EOB etc.)**
3. Is the medication effective in treating the member's condition?  Yes  No *Continue to next section and complete this form in its entirety.*

**INITIAL CRITERIA QUESTIONS**

1. Does the patient have a prior history of clinical atherosclerotic cardiovascular disease (ASCVD) or have they experienced a cardiovascular event? *If Yes, skip to #3*  Yes  No
2. Does the patient have a diagnosis of heterozygous or homozygous familial hypercholesterolemia?  
 Heterozygous familial cholesterolemia (HeFH)  
 Homozygous familial cholesterolemia (HoFH)  
 Other \_\_\_\_\_
3. What is the ICD-10 code? \_\_\_\_\_ *If requested for ASCVD or experienced cardiovascular event, skip to next appropriate section.*
4. Is this request for continuation of therapy with Repatha?  Yes  No *If No, skip to next appropriate section.*
5. Is the patient receiving Repatha through samples or a manufacturer's patient assistance program?  
 Yes  No *If No, skip to Continuation of Therapy section*

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**ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) OR CARDIOVASCULAR EVENT**

1. Which of the manifestations of clinical ASCVD has the patient experienced? *List continues on following page.*
  - Acute coronary syndromes
  - Myocardial infarction
  - Stable or unstable angina
  
  - Coronary or other arterial revascularization procedure (e.g., PTCA, CABG)
  - Stroke of presumed atherosclerotic origin
  - Transient ischemic attack
  - Peripheral arterial disease of presumed atherosclerotic origin
  - Other \_\_\_\_\_
2. What is the current LDL-C level? \_\_\_\_\_ mg/dL

***Prior Statin Therapy***

3. Has the patient received a high-intensity statin dose: Crestor (rosuvastatin) greater than or equal to 20mg daily or Lipitor (atorvastatin) greater than or equal to 40 mg daily?  Yes  No *If No, skip to #5*
4. How long has the patient received treatment with rosuvastatin greater than or equal to 20mg or atorvastatin greater than or equal to 40 mg? \_\_\_\_\_ months *If greater than or equal to 3 months, skip to #11.*
5. Was the patient unable to tolerate a high-intensity statin due to adverse effects?  Yes  No
6. Has the patient received a moderate-intensity statin dose: atorvastatin greater than or equal to 20 mg or equivalent daily?  Yes  No *If No, skip to #8*
7. How long has the patient been receiving treatment with atorvastatin greater than or equal to 20 mg or equivalent daily? \_\_\_\_\_ months *If greater than or equal to 3 months, skip to #9.*

***Intolerance and Contraindications***

8. Did the patient experience intolerable muscle symptoms (e.g., muscle pain, weakness, and cramps) which persisted for at least for 2 weeks, resolved after discontinuation of the statin, and re-emerged when initiating a different statin?  Yes  No
9. Has the patient experienced a statin-associated increase in creatine kinase (CK) level to greater than or equal to 10 times the upper limit of normal (ULN) during previous treatment with statin?  Yes  No
10. Does the patient have any of the following contraindications to statins?
  - Active liver disease, including unexplained persistent elevations in hepatic transaminase levels (e.g., ALT greater than or equal to 3 times the ULN)
  - Currently pregnant
  - May become pregnant
  - Nursing mother
  - None of the above

***Other Lipid-Lowering Therapy***

11. Is the patient taking ezetimibe (Zetia) 10 mg daily?  Yes  No
12. Does the patient have the following contraindication to ezetimibe?
  - Prior hypersensitivity reaction (e.g., anaphylaxis, angioedema, rash and urticaria)
  - Other \_\_\_\_\_

**FAMILIAL HYPERCHOLESTEROLEMIA**

***Heterozygous Familial Hypercholesterolemia (HeFH)***

1. Does the patient have a diagnosis of familial hypercholesterolemia (FH) confirmed by a genetic mutation?
  - An LDL-receptor mutation, familial defective apoB-100, or a PCSK9 gain-of-function mutation, *skip to #9*
  - No
2. What is the patient's Dutch Lipid Clinic Network Score? \_\_\_\_\_
3. What is the patient's age? \_\_\_\_\_ years

4. What is the patient's highest recorded total cholesterol? \_\_\_\_\_ mg/dL
5. What is the patient's highest recorded LDL-C? \_\_\_\_\_ mg/dL
6. Does the patient, a first degree relative, or a second degree relative, have a tendon xanthoma?  
If Yes, skip to #9  Yes  No
7. Has a patient's first degree relative had a myocardial infarction before the age of 60 or a second degree relative before the age of 50? If Yes, skip to #9  Yes  No
8. Has a patient's adult first or second degree relative had a total cholesterol greater than 290 mg/dL or a relative less than 16 years of age had a total cholesterol greater than 260 mg/dL?  Yes  No
9. What is the current LDL-C level? \_\_\_\_\_ mg/dL

***Homozygous Familial Hypercholesterolemia (HoFH)***

10. Does the patient possess mutations in both alleles at LDL receptor, ApoB, PCSK9 or LDL receptor adaptor protein gene locus? If Yes, skip to #16  Yes  No  Unknown
11. What is the patient's untreated (i.e., before lipid-lowering therapy) LDL-C level? \_\_\_\_\_ mg/dL
12. What is the patient's treated LDL-C level? \_\_\_\_\_ mg/dL
13. Did the patient have either of the following?
  - Tendon or cutaneous xanthomas at less than or equal to 10 years of age
  - Evidence or diagnosis of familial hypercholesterolemia in both parents
  - Neither – The patient does not meet any of the criteria listed above, skip to #15
14. Does the BOTH patient's biological parents have a diagnosis of familial hypercholesterolemia (FH) confirmed by ONE of the following criteria sets?
  - Total cholesterol greater than (>) 290 mg/dL or LDL-C greater than (>) 190 mg/dL
  - plus one of the following:
    - a) Tendon xanthoma in patient, first-degree relative (brother, sister, parent, child) or second-degree relative (grandparent, uncle, aunt)
    - b) Family history of myocardial infarction in a first degree relative before the age of 60 or in a second degree relative before the age of 50
    - c) Total cholesterol greater than 290 mg/dl in an adult first or second degree relative
    - d) Total cholesterol greater than 260 mg/dl in a child, brother, or sister aged younger than 16 years
  - Dutch Lipid Clinic Network Criteria: Total score greater than (>) 5
  - No – The patient's parents do not meet any of the criteria listed above
15. Have BOTH of the patient's biological parents experienced at least one of the following?
  - Total cholesterol at least 310 mg/dL
  - Tendon xanthoma
  - Premature [i.e., before the age of 55 years (father) or 60 years (mother)] atherosclerotic cardiovascular disease/event (e.g., myocardial infarction, acute coronary syndromes, coronary or other arterial revascularization procedure [e.g., percutaneous coronary angioplasty [PTCA], coronary artery bypass graft [CABG] surgery])
  - Sudden premature cardiac death before the age of 55 years (father) or 60 years (mother)
  - Diagnosis of definite familial hypercholesterolemia by any of the following:
    - a) An LDL-receptor mutation, familial defective apo B-100, or a PCSK9 gain-of-function mutation
    - b) Total cholesterol greater than (>) 290 mg/dL or LDL-C greater than (>) 190 mg/dL plus tendon xanthoma in patient, first-degree relative (brother, sister, parent, child) or second-degree relative (grandparent, uncle, aunt) or Family history of myocardial infarction in a first degree relative before the age of 60 or in a second degree relative before the age of 50 or Total cholesterol greater than 290 mg/dl in an adult first or second degree relative or Total cholesterol greater than 260 mg/dl in a child, brother, or sister aged younger than 16 years
    - c) Dutch Lipid Clinic Network Criteria: Total score greater than (>) 5
  - None of the above

Unknown

16. What is the current LDL-C level? \_\_\_\_\_ mg/dL
17. Has the patient been treated with lipid apheresis regularly within the last 3 months?  
 Yes  No *No further questions*
18. Has the patient received any of the following medications through a prior authorization process for a pharmacy or medical benefit?  Juxtapid (lomitapide)   Kynamro (mipomersen)   No  
*If patient has received Juxtapid or Kynamro, no further questions.*

***Prior Statin Therapy for HeFH and HoFH***

19. Has the patient received a high-intensity statin dose: Crestor (rosuvastatin) greater than or equal to 20mg daily or Lipitor (atorvastatin) greater than or equal to 40 mg daily?  Yes  No
20. How long has the patient received treatment with rosuvastatin greater than or equal to 20mg or atorvastatin greater than or equal to 40 mg? \_\_\_\_\_ months *If greater than or equal to 3 months, skip to #24.*

***Intolerance and Contraindications***

21. Did the patient experience intolerable muscle symptoms (e.g., muscle pain, weakness, and cramps) which persisted for at least for 2 weeks, resolved after discontinuation of the statin, and re-emerged when initiating a different statin? *If Yes, skip to #24*  Yes  No
22. Has the patient experienced a statin-associated increase in creatine kinase (CK) level to greater than or equal to 10 times the upper limit of normal (ULN) during previous treatment with statin? *If Yes, skip to #23*  Yes  No
23. Does the patient have any of the following contraindications to statins?  
 Active liver disease, including unexplained persistent elevations in hepatic transaminase levels (e.g., ALT greater than or equal to 3 times the ULN)  
 Currently pregnant  
 May become pregnant  
 Nursing mother  
 None of the above

***Other Lipid-Lowering Therapy***

24. Is the patient taking ezetimibe (Zetia) 10 mg daily?  Yes   No
25. Does the patient have the following contraindication to ezetimibe?  
 Prior hypersensitivity reaction (e.g., anaphylaxis, angioedema, rash and urticaria)  
 Other \_\_\_\_\_

**CONTINUATION OF THERAPY**

1. Does the patient have a history of clinical ASCVD or have they experienced a cardiovascular event?  
*If Yes, skip to #3*  Yes   No
2. Does the patient have a diagnosis of HeFH or HoFH?  Yes  No
3. Has the patient achieved or maintained an LDL-C reduction (e.g., LDL-C is now at goal, robust reduction in LDL-C) as a result of Repatha therapy?  Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

X \_\_\_\_\_  
**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**