

Patient Summary

Comprehensive EHR documentation of patient medical histories can help support efforts to avoid failed prior authorization (PA) requests. Once a prescriber has determined the appropriate patient for PRALUENT, EHR medical history reports can help support a prior authorization request. Knowledge of payer utilization management criteria and patient medical history reports can help to reduce submission of patients who are not PA criteria eligible.

Practice Fusion supports the ability to print a Patient Summary, which may assist in the completion of payer PA forms. Available clinical data that can be listed on the patient summary include diagnosis, current and prior medications, lab values, and other clinical or patient demographic information. For PRALUENT, PA criteria may require a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), maximally tolerated statin therapy (eg, atorvastatin 40 mg/day), and LDL-C ≥ 70 mg/dL or ≥ 100 mg/dL, depending on insurance.

INDICATIONS AND USAGE

- PRALUENT is a PCSK9 (Proprotein Convertase Subtilisin/Kexin Type 9) inhibitor antibody indicated as adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease, who require additional lowering of LDL-C
- The effect of PRALUENT on cardiovascular morbidity and mortality has not been determined

IMPORTANT SAFETY INFORMATION

- PRALUENT is contraindicated in patients with a history of a serious hypersensitivity reaction to PRALUENT. Reactions have included hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization

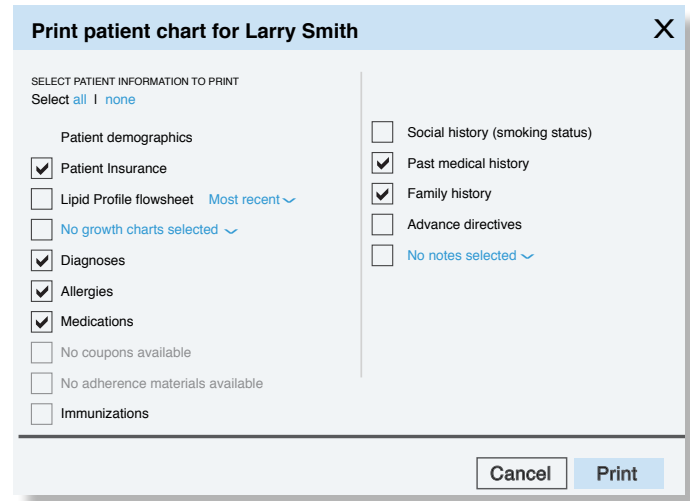
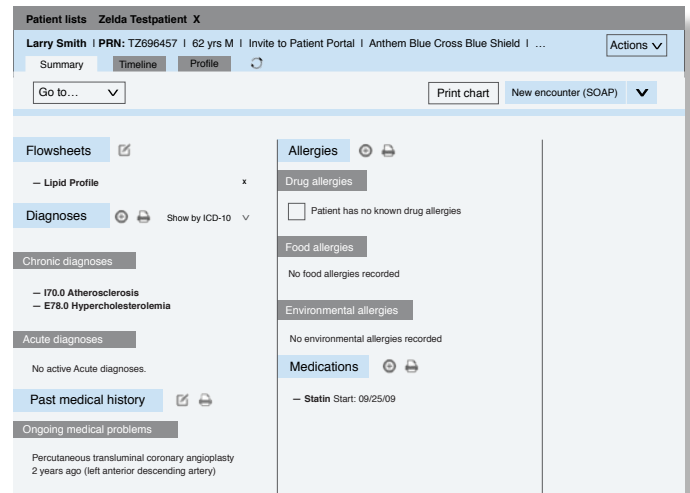
Please see accompanying full [Prescribing Information](#)



To Create a Patient Summary:

After a patient has been identified by a prescriber as appropriate for treatment with PRALUENT, a Patient Summary may be printed to support PA requirements. The following steps illustrate how to create a Summary containing clinical and patient demographic information which can help to complete a prior authorization form.

1. Navigate to a patient chart. Select the **Summary** tab
2. Click **Print chart**. Check sections to include and click **Print**



IMPORTANT SAFETY INFORMATION

- Hypersensitivity reactions (e.g., pruritus, rash, urticaria), including some serious events (e.g., hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization), have been reported with PRALUENT treatment. If signs or symptoms of serious allergic reactions occur, discontinue treatment with PRALUENT, treat according to the standard of care, and monitor until signs and symptoms resolve

Please see accompanying full [Prescribing Information](#)



Prior Authorization Information

Practice Fusion

Example of the Summary document:

| | | | |
|------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| PATIENT Larry Smith DOB 4/21/1955 AGE 62 yrs SEX Male PRN TZ696457 | | FACILITY Sample Family Practice T (XXX) XXX-XXXX 1308 Langerfield Way Wake Forest, NC 27587 | |
| Patient identifying details and demographics | | | |
| FIRST NAME | Larry | SEX | Male |
| MIDDLE NAME | - | DATE OF BIRTH | 04/21/1955 |
| LAST NAME | Smith | DATE OF DEATH | - |
| SSN | 111-000-0000 | PRN | TZ696457 |
| ETHNICITY | - | PREF LANGUAGE | - |
| RACE | - | STATUS | Active patient |
| CONTACT INFORMATION | | | |
| ADDRESS LINE 1 | - | CONTACT BY | - |
| ADDRESS LINE 2 | - | EMAIL | - |
| CITY | - | HOME PHONE | - |
| STATE | - | MOBILE PHONE | (XXX) XXX-XXXX |
| ZIP CODE | - | OFFICE PHONE | - |
| OFFICE EXTENSION | - | | |
| FAMILY INFORMATION | | | |
| NEXT OF KIN | - | PATIENT'S MOTHER'S MAIDEN NAME | - |
| RELATION TO PATIENT | - | | |
| PHONE | - | | |
| ADDRESS | - | | |
| INSURANCE | | | |
| PRIMARY PAYER | | | |
| PAYER | Anthem Blue Cross Blue Shield | INSURED ID NUMBER | 3123131233333 |
| PRIORITY | Primary | GROUP NUMBER | 2135645615161 |
| TYPE | Other | EMPLOYER NAME | - |
| RELATIONSHIP TO INSURED | Self | INSURANCE PAYMENT TYPE | Copay |
| START DATE | 12/01/2016 | PAYMENT TYPE | Fixed |
| END DATE | 12/01/2017 | COPAY AMOUNT | - |
| STATUS | | STATUS | Active |
| PAYMENT INFORMATION | | | |
| PAYMENT PREFERENCE | Primary Insurance | DATE OF BIRTH | 04/21/1955 |
| PATIENT'S RELATIONSHIP TO GUARANTOR | Self | SEX | MALE |
| GUARANTOR NAME | Larry Smith | SOCIAL SECURITY NUMBER | 11-00-0000 |
| GUARANTOR ADDRESS | - | PRIMARY PHONE NUMBER | (XXX) XXX-XXXX |
| SECONDARY PHONE NUMBER | | | |
| Chronic Diagnoses | | | |
| ACTIVE DIAGNOSES | | | |
| E78.0 Hypercholesterolemia | | START | STOP |
| I70.0 Atherosclerosis | | | |
| Medication statin Start: 09/25/09 | | | |
| HISTORICAL DIAGNOSES | | | |
| No historical diagnoses | | START | STOP |
| Acute Diagnoses | | | |
| ACTIVE DIAGNOSES | | | |
| No active diagnoses | | START | STOP |
| HISTORICAL DIAGNOSES | | | |
| No historical diagnoses | | START | STOP |
| Active Medications | | | |
| MEDICATION | SIG | START/STOP | ASSOCIATED DX |
| Atorvastatin 40 mg/day | Once a day | 09/25/09- | atherosclerotic cardiovascular disease |
| Historical Medications | | | |
| MEDICATION | SIG | START/STOP | ASSOCIATED DX |
| No historical medications recorded | | | |
| ONGOING MEDICAL PROBLEMS | | | |
| Past medical history | | | |
| ONGOING MEDICAL PROBLEMS | | | |
| Hx of Peripheral Artery Disease | | | |
| Hx of Angina | | | |
| Family health history | | | |
| DIAGNOSES | | ONSET DATE | |
| PARENT: Mother- | | | |
| Hypercholesterolemia | | | |

IMPORTANT SAFETY INFORMATION

- The most commonly occurring adverse reactions (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza

Please see accompanying full [Prescribing Information](#)



INDICATIONS AND USAGE

- PRALUENT® (alirocumab) is a PCSK9 (Proprotein Convertase Subtilisin/Kexin Type 9) inhibitor antibody indicated as adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease, who require additional lowering of LDL-C
- The effect of PRALUENT on cardiovascular morbidity and mortality has not been determined

IMPORTANT SAFETY INFORMATION

- PRALUENT is contraindicated in patients with a history of a serious hypersensitivity reaction to PRALUENT. Reactions have included hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization
- Hypersensitivity reactions (e.g., pruritus, rash, urticaria), including some serious events (e.g., hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization), have been reported with PRALUENT treatment. If signs or symptoms of serious allergic reactions occur, discontinue treatment with PRALUENT, treat according to the standard of care, and monitor until signs and symptoms resolve
- The most commonly occurring adverse reactions ($\geq 5\%$ of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza
- Local injection site reactions including erythema/redness, itching, swelling, and pain/tenderness were reported more frequently in patients treated with PRALUENT 75 mg and/or 150 mg every 2 weeks (7.2% versus 5.1% for PRALUENT and placebo, respectively). Few patients discontinued treatment because of these reactions (0.2% versus 0.4% for PRALUENT and placebo, respectively), but patients receiving PRALUENT had a greater number of injection site reactions, had more reports of associated symptoms, and had reactions of longer average duration than patients receiving placebo
- The once-monthly (Q4W) 300 mg dosing regimen had a higher rate of local injection site reactions as compared to PRALUENT 75 mg Q2W or placebo (16.6%, 9.6%, and 7.9%, respectively) in a trial in which all patients received an injection of drug or placebo every 2 weeks to maintain the blind. The discontinuation rate due to injection site reactions was 0.7% in the 300 mg Q4W arm and 0% in the other 2 arms
- Neurocognitive events were reported in 0.8% of patients treated with PRALUENT and 0.7% of patients treated with placebo. Confusion or memory impairment were reported more frequently by those treated with PRALUENT (0.2% for each) than in those treated with placebo ($<0.1\%$ for each)
- Liver-related disorders (primarily related to abnormalities in liver enzymes) were reported in 2.5% of patients treated with PRALUENT and 1.8% of patients treated with placebo, leading to treatment discontinuation in 0.4% and 0.2% of patients, respectively. Increases in serum transaminases to greater than 3 times the upper limit of normal occurred in 1.7% of patients treated with PRALUENT and 1.4% of patients treated with placebo
- The most common adverse reactions leading to treatment discontinuation in patients treated with PRALUENT were allergic reactions (0.6% versus 0.2% for PRALUENT and placebo, respectively) and elevated liver enzymes (0.3% versus $<0.1\%$)
- PRALUENT is a human monoclonal antibody. As with all therapeutic proteins, there is a potential for immunogenicity with PRALUENT

Please see accompanying full [Prescribing Information](#)



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