

PRIOR AUTHORIZATION TIPS FOR PCSK9 INHIBITORS

While coverage criteria for PCSK9 inhibitors may vary, the prior authorization process is generally predictable across plans. To simplify the process, we've identified some helpful practices for completing prior authorization requests.

It is important to review the insurer's guidelines for obtaining a prior authorization, as these can differ depending on the insurer, the medication being prescribed, and other factors.

What to include when requesting prior authorization

- ✓ **Statement of Medical Necessity**
- ✓ **Completed and signed plan-specific prior authorization form**
- ✓ **Appropriate documentation, including:**
 - Patient's diagnosis with appropriate ICD-10 codes
 - Lipid-lowering therapies (including dosage, frequency, and dates of use)
 - Results of patient's most recent cholesterol test
 - Any contraindications or intolerance/adverse reactions to lipid lowering therapies
 - Patient's family history and comorbidities
 - Lifestyle modifications (e.g., diet and exercise)

Common causes for coverage denials

Be sure to double check your documentation to avoid these common causes for denial.

Diagnosis	Lab values	Previous lipid-lowering therapies
<ul style="list-style-type: none">• Clerical error resulting in incorrect ICD-10 code• Lack of secondary code• Lack of documentation supporting appropriate diagnosis	<ul style="list-style-type: none">• Outdated lab panels (per payer time requirement)• Submission of lipid profiles without LDL-C calculations	<ul style="list-style-type: none">• Not treated with a high-intensity statin• Did not try and fail on ezetimibe• Missing data (e.g., dates of trial, dosage)• No reason provided for discontinuation of previous therapy/therapies

As a provider, you are solely responsible for billing third-party payers correctly, and you should determine if any payer-specific guidelines apply. The information provided here is general in nature and is not intended to be conclusive or exhaustive, nor is it intended to replace the guidance of a qualified professional advisor.

Patient name: _____ Prescriber name: _____ NPI#: _____

Current LDL-C values (within last 30 days)

_____ mg/dL Date Measured: _____

On LLT (lipid-lowering therapies) Off LLT (lipid-lowering therapies)

- HeFH criteria** and/or **ASCVD criteria**
- Dutch Lipid/WHO score >8
 - First or second degree relative with pre-treatment LDL \geq 190 mg/dL
 - Genetic testing
 - Pretreatment LDL \geq 190 mg/dL
 - Simon Broome diagnosis criteria met
 - Tendon xanthomas
 - Angina, stable or unstable
 - Coronary syndromes, acute
 - Myocardial infarction, history of
 - Revascularization, coronary or other arterial (PTCA, CABG, etc)
 - Peripheral Arterial Disease
 - Positive findings in CT angiogram/catheterization
 - Stroke
 - TIA
 - Other: _____

Previous and/or current lipid-lowering treatments

		Dose(s)	Start date	Stop date	Intolerant	Current
<input type="radio"/> None	<input type="radio"/> atorvastatin	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Yes (please indicate)	<input type="radio"/> pravastatin	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> rosuvastatin	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> simvastatin	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> ezetimibe	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> Other	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> Other	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

Last date on lipid-lowering treatment: mm/dd/yyyy _____

Failure on or contraindications to any of the above therapies? _____

Prescribed by or in consultation with specialist (e.g., cardiologist, lipidologist) _____

LDL Apheresis

Medical history with statin therapy:

- Patient is on maximally tolerated dose(s) of statin
- Patient experienced myalgia/myositis that resolved when removed from therapy
- Patient is not at goal after 3 months on ezetimibe
- Patient has undergone re-challenge with lower dose(s) statin with symptom reappearance
- Patient has known contraindication to statins documented in the medical record
- Patient has CK elevations greater than 10 times ULN