Prior Authorization Information

Amazing Charts

Clinical 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, knowledge of payer utilization management criteria and patient medical history reports can help to reduce submission of patients who are not PA criteria eligible.

Amazing Charts supports the ability to print a Clinical Summary, which may assist in the completion of payer PA forms. Available clinical data that can be listed on the Clinical Summary include diagnosis, current and prior medications, lab values, and other clinical or patient demographic information. When a patient is identified by the prescriber as appropriate for treatment with PRALUENT, PA criteria may require, for example, a diagnosis of established cardiovascular disease (eg, myocardial infarction, stroke or unstable angina requiring hospitalization) with or without concomitant use of 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 (alirocumab) is indicated:

- to reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with established cardiovascular disease
- as an adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for the treatment of adults with primary hyperlipidemia (including heterozygous familial hypercholesterolemia) to reduce low-density lipoprotein cholesterol (LDL-C)

IMPORTANT SAFETY INFORMATION

- PRALUENT is contraindicated in patients with a history of a serious hypersensitivity reaction to PRALUENT, including hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization

Please see accompanying full Prescribing Information

Praluent®
(alirocumab) Injection 75mg/mL 150mg/mL
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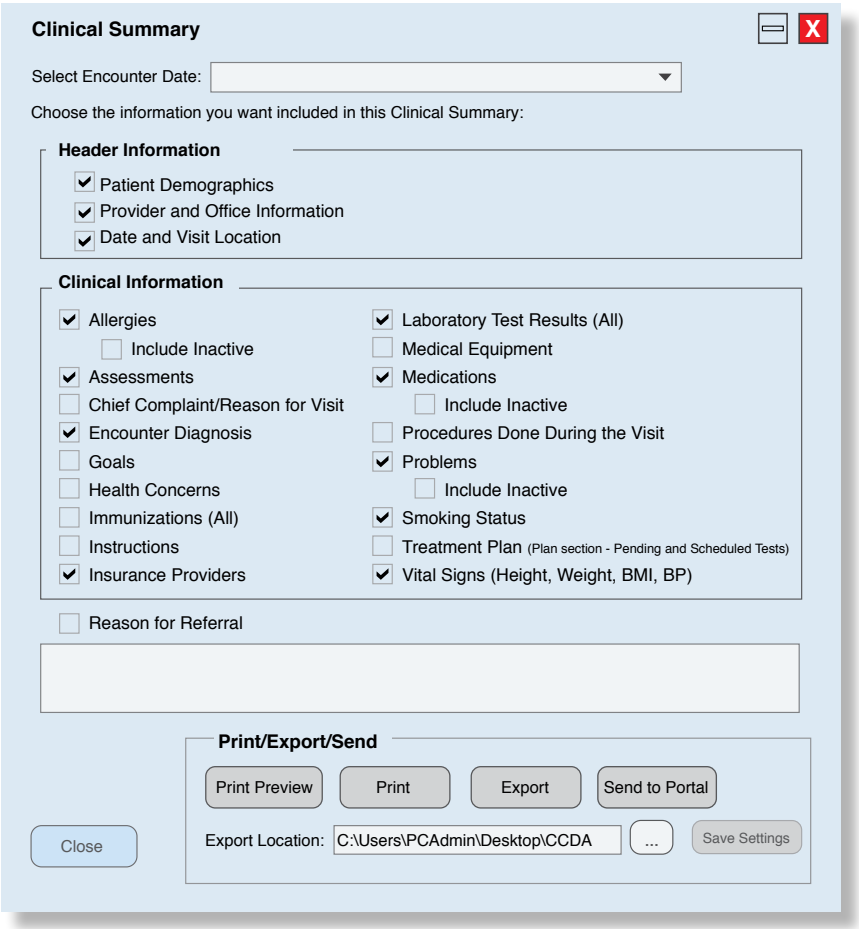
To Create a Patient Clinical Summary:

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

1. From the patient's chart, select **Clinical Summary**
2. Select information to be included on the Clinical Summary
3. Select **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

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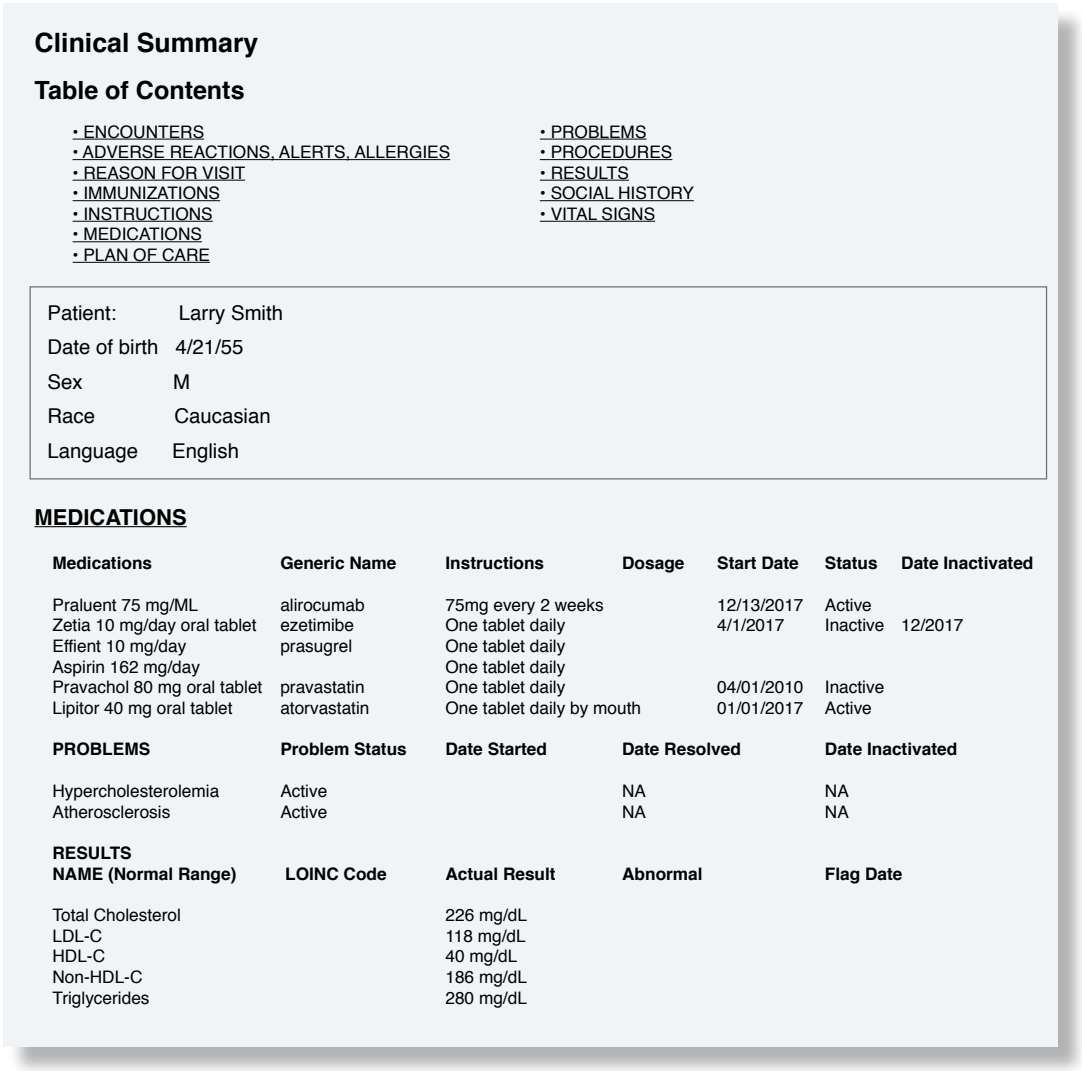
The **Clinical Summary** is printed.



Clinical Summary

Table of Contents

Patient:	Larry Smith
Date of birth	4/21/55
Sex	M
Race	Caucasian
Language	English

MEDICATIONS

Medications	Generic Name	Instructions	Dosage	Start Date	Status	Date Inactivated
Praluent 75 mg/ML	alirocumab	75mg every 2 weeks		12/13/2017	Active	
Zetia 10 mg/day oral tablet	ezetimibe	One tablet daily		4/1/2017	Inactive	12/2017
Effient 10 mg/day	prasugrel	One tablet daily				
Aspirin 162 mg/day		One tablet daily				
Pravachol 80 mg oral tablet	pravastatin	One tablet daily		04/01/2010	Inactive	
Lipitor 40 mg oral tablet	atorvastatin	One tablet daily by mouth		01/01/2017	Active	

PROBLEMS	Problem Status	Date Started	Date Resolved	Date Inactivated
Hypercholesterolemia	Active		NA	NA
Atherosclerosis	Active		NA	NA

RESULTS NAME (Normal Range)	LOINC Code	Actual Result	Abnormal	Flag Date
Total Cholesterol		226 mg/dL		
LDL-C		118 mg/dL		
HDL-C		40 mg/dL		
Non-HDL-C		186 mg/dL		
Triglycerides		280 mg/dL		

Example of one page of the Clinical Summary

IMPORTANT SAFETY INFORMATION

- The most commonly occurring adverse reactions in clinical trials in primary hyperlipidemia (including heterozygous familial hypercholesterolemia (HeFH)) (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza

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IMPORTANT SAFETY INFORMATION

- PRALUENT is contraindicated in patients with a history of a serious hypersensitivity reaction to PRALUENT, including 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 in clinical trials in primary hyperlipidemia (including heterozygous familial hypercholesterolemia (HeFH)) (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza
- The most commonly occurring adverse reactions in the cardiovascular outcomes trial (>5% of patients treated with PRALUENT and occurring more frequently than placebo) were non-cardiac chest pain, nasopharyngitis, and myalgia
- In the primary hyperlipidemia (including HeFH) clinical trials, 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) 300mg dosing regimen had a higher rate of local injection site reactions as compared to PRALUENT 75mg 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

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IMPORTANT SAFETY INFORMATION *(cont.)*

- In a cardiovascular outcomes trial, local injection site reactions were reported in 3.8% of patients treated with PRALUENT versus 2.1% patients treated with placebo, and led to permanent discontinuation in 0.3% of patients versus <0.1% of patients, respectively
- In the primary hyperlipidemia trials, 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
- In the primary hyperlipidemia trials, 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

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