CareFirst
The CareFirst BlueCross BlueShield family of health care plans

Juxtapid®, Kynamro® – Prior Authorization Request

Send completed form to: Case Review Unit CVS/caremark Specialty Programs Fax: 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 866-249-6155**. If you have questions regarding the prior authorization, please contact CVS/caremark at **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® 800-237-2767.

Patient Name:	**Date**:
Patient's ID:	**Patient's Date of Birth:**
Physician's Name:	
Specialty:	**NPI#:**
Physician Office Telephone:	**Physician Office Fax:**

1. What drug is being prescribed?
   - ☐ Juxtapid®
   - ☐ Kynamro®
   - ☐ Other _____

2. What is the diagnosis?
   - ☐ Homozygous familial hypercholesterolemia (HoFH)
   - ☐ Other _____

3. What is the ICD code? _____

4. Is the prescribed drug being prescribed by a lipid or cardiometabolic specialist? ☐ Yes ☐ No

5. Is the patient receiving the prescribed drug? ☐ Yes ☐ No ***If Yes, document PA / reference #*** _____

6. Does the patient have any of the following?
   If Yes, attach test results and untreated (if known) and current LDL-C and TG levels and skip to #12
   - ☐ Documented skin fibroblast LDLR activity less than 20% normal
   - ☐ Mutations in both alleles at LDLR
   - ☐ Mutations in both alleles at APO-B
   - ☐ Mutations in both alleles at PCSK9
   - ☐ Mutations in both alleles at ARH adapter protein gene locus
   - ☐ None of the above

7. What is the patient's **untreated** low-density lipoprotein cholesterol (LDL-C) level? _____ mg/dL ☐ Unknown

8. What is the patient's **current** low-density lipoprotein cholesterol (LDL-C) level? _____ mg/dL ☐ Unknown

9. What is the patient's triglyceride level (TG)? _____ mg/dL ☐ Unknown
   Attach untreated (if known) and current TG levels

10. Do both of the patient's parents have a history of LDL-C levels greater than 190 mg/dL?
    If Yes, attach documentation (e.g., laboratory report or chart notes) ☐ Yes ☐ No ☐ Unknown

11. Did/Does the patient have tendon or cutaneous xanthomas at age 10 or younger?
    If Yes, attach documentation (e.g., chart notes with age or dates(s)) ☐ Yes ☐ No

12. Is the patient experiencing an inadequate response to a combination lipid-lowering therapy regimen consisting of at least 3 treatment options together? *The patient must be receiving a combination therapy including at least three of the following to be considered maximally treated.* ***Attach documentation of previous and current treatment regimen(s) (eg. LDL-apheresis, name of medications, total daily doses). Circle applicable therapy regimen(s) below.***
    - LDL apheresis
    - HMG-CoA inhibitors (high-potency statins only)

- Crestor® (rosuvastatin) 40 mg
- Lipitor® (atorvastatin) 80 mg
- Livalo® (pitavastatin) 4 mg
- Zocor® (simvastatin) 80 mg
- Fibrates
- Fenoglide® (fenofibrate) 120 mg
- Lipofen® (fenofibrate) 150 mg
- Tricor® (fenofibrate) 145 mg
- Triglide® (fenofibrate) 160 mg
- Fibricor® (fenofibric acid) 105 mg
- Trilipix® (fenofibric acid) 135 mg
- Lopid® (gemfibrozil) 1200 mg
- Bile acid sequestrants
- Questran® or Prevalite® (cholestyramine) 24 g
- Welchol® (colesevelam) 3.75 g
- ® olestipol) 16 g
- Niaspan® or Niacor® (nicotinic acid, niacin) 2 g
- Zetia® (ezetimibe) 10 mg
- Combination medications
- Liptruzet® (ezetimibe/atorvastatin) 10 mg/80 mg
- Simcor® (niacin/simvastatin) 2 g / 80 mg
- Vytorin® (ezetimibe/simvastatin) 10 mg / 80 mg
- Other (specify): _____

13. What is the patient's **treated** LDL-C level? _____ mg/dL ☐ Unknown ***If greater than or equal to 300 mg/dL, skip to #15***

14. Does the patient have a documented coronary heart disease? ***CHD is defined as having at least one of the following. Indicate below and attached documentation (eg, cardiovascular events and date(s))***
    ☐ A prior myocardial infarction (MI)
    ☐ A prior coronary artery bypass graft surgery (CABG)
    ☐ Coronary arteriogram demonstrating significant coronary artery disease (CAD) or a prior percutaneous transluminal coronary angioplasty (PTCA) with or without atherectomy or coronary stent placement
    ☐ Significant angina pectoris with a positive thallium or other heart scanning stress test
    ☐ None of the above

15. Does the patient have moderate or severe hepatic impairment (e.g., Child-Pugh B or C)? ☐ Yes ☐ No

Complete the following questions if patient is currently on therapy

16. Has therapy with the prescribed agent demonstrated efficacy by (maintenance of) LDL-C reduction greater than 20% from levels immediately prior to initiation of treatment with the prescribed agent? ☐ Yes ☐ No

17. What are the current ALT and AST levels? ***Attach current LDL-C levels and LFT results***
    ☐ ALT and AST less than 3 times upper limit of normal, *no further questions*
    ☐ ALT or AST 3-5 times upper limit of normal
    ☐ ALT or AST greater than or equal to 5 times upper limit of normal
    ☐ None of the above

18. Does the patient have clinical symptoms of liver injury or toxicity, increases in bilirubin greater than or equal to 2 times the upper limit of normal (ULN), **OR** active liver disease? ☐ 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)**