



Repatha

**Express Scripts**  
**Prior Authorization**  
**Phone 1-844-424-8886**  
**Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week,  
TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:
Medication:	Diagnosis:

**SECTION A**

Please answer the following questions

1.    ☐ Yes    ☐ No    Is the diagnosis or indication to reduce the risk of myocardial infarction, stroke, or coronary revascularization in adults with established cardiovascular disease (CVD)? *(if NO, proceed to question 3).*
2.    ☐ Yes    ☐ No    Is the member at least 18 years of age? *(if YES, proceed to question 5).*
3.    ☐ Yes    ☐ No    Is Repatha being used as an adjunct to diet, alone, or in combination with other lower-density lipoprotein cholesterol (LDL-C)-lowering therapies, in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce LDL-C? *(if NO, proceed to question 7).*
4.    ☐ Yes    ☐ No    Is the member at least 10 years of age?
5.    ☐ Yes    ☐ No    Has the member tried at least one high-intensity statin (e.g., atorvastatin greater than or equal to 40mg daily, rosuvastatin greater than or equal to 20mg daily) plus an ezetimibe product concomitantly, for a minimum of 8 weeks continuously and LDL-C remained 70mg/dL or higher? *(if YES, proceed to question 14).*
6.    ☐ Yes    ☐ No    Is the member statin intolerant as demonstrated by 1) experiencing statin-associated rhabdomyolysis at one statin OR 2) experiencing skeletal-related muscle symptoms while receiving separate trials of atorvastatin and rosuvastatin and during both trials the symptoms resolved upon discontinuation? *(if YES, proceed to question 14).*
7.    ☐ Yes    ☐ No    Is Repatha being used as an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 10 years and older with HeFH, to reduce LDL-C? *(if NO, proceed to question 10).*
8.    ☐ Yes    ☐ No    Has the member tried at least one high-intensity statin (e.g., atorvastatin greater than or equal to 40mg daily, rosuvastatin greater than or equal to 20mg daily) plus an ezetimibe product concomitantly, for a minimum of 8 weeks continuously and LDL-C remained 70mg/dL or higher? *(if YES, proceed to question 14).*
9.    ☐ Yes    ☐ No    Is the member statin intolerant as demonstrated by 1) experiencing statin-associated rhabdomyolysis at one statin OR 2) experiencing skeletal-related muscle symptoms while receiving separate trials of atorvastatin and rosuvastatin and during both trials the symptoms resolved upon discontinuation? *(if YES, proceed to question 14).*
10.    ☐ Yes    ☐ No    Is Repatha being used as an adjunct to other LDL-C lowering therapies in patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C?
11.    ☐ Yes    ☐ No    Is the member at least 10 years of age?

- [illegible]

Physician Signature

DATE \_\_\_\_\_

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>