SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: (Please select one below)

❑ **Nexletol®** (bempedoic acid)	❑ **Nexlizet™** (bempedoic acid/ezetimibe)

Preferred Medication (must be tried and failed FIRST)
❑ **ezetimibe**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Approval Criteria

1. Is Patient ≥ 18 years of age? ❑ Yes ❑ No

(Continued on next page)

2. Does patient have diagnosis of heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease (ASCVD)? ❑ Yes ❑ No
3. Has the patient failed to achieve a target LDL-C despite physician attestation that the patient is adherent to maximally tolerated doses of statins prior to the lipid panel demonstrating suboptimal reduction? ❑ Yes ❑ No
4. Can the patient be classified into **ONE** of the following risk factor groups?
   - ❑ Extremely high risk ASCVD: (defined as extensive or active burden of ASCVD, or ASCVD with extremely high burden of adverse or poorly controlled risk cardio-metabolic risk factors including HeFH or severe hypercholesterolemia [SH] LDL-C > 220mg/dl) with an LDL-C ≥ 70 mg/dL **OR**
   - ❑ Very high risk ASCVD: (defined as less extensive ASCVD and poorly controlled cardiometabolic risk factors) with an LDL-C ≥ 100mg/dL **OR**
   - ❑ High risk ASCVD: (defined as either less extensive ASCVD and well-controlled risk factors or primary prevention HeFH or SH > 220mg/dl with poorly controlled risk factors) with LCL-C ≥ 130mg/dL **AND**
5. Will therapy be used in conjunction with maximally-tolerated doses of a statin? ❑ Yes ❑ No
6. Therapy will **NOT** be used with concurrent doses of simvastatin > 20mg or pravastatin > 40mg? ❑ Yes ❑ No

Renewal Criteria

1. Laboratory analyses demonstrate a reduction in LDL-C when compared to the baseline values (prior to initiating bempedoic acid or bempedoic acid/ezetimibe) ❑ Yes ❑ No
2. Patient has shown continued adherence to maximally tolerated statin dosage ❑ Yes ❑ No

Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.