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Specialty Pharmacy Services You Can Rely On

**PCSK9 Inhibitor (PRALUENT/REPATHA)
RE-AUTHORIZATION REQUEST**

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Patient Name:	Prescriber Name:
Patient DOB:	NPI:
IH ID Number:	Office Phone: Office Fax:

Drug/dose requested

- REPATHA 140 mg every 2 weeks
- REPATHA 420 mg once monthly
- PRALUENT 75 mg every 2 weeks
- PRALUENT 150 mg every 2 weeks
- PRALUENT 300 mg once every 4 weeks

1. Please submit current LDL cholesterol level obtained within the previous three months. Is the current LDL level deemed a clinical significant response to therapy? **YES or NO**

2. Has the patient been compliant with PCSK9 Therapy and other LDL-lowering therapies, including maximally tolerated statin therapy? **YES or NO**

3. Will patient be using in combination with diet modification? **YES or NO**

4. Has the patient experienced any adverse effects to therapy with PCSK9 Therapy?
