



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Repatha

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: <input type="checkbox"/> Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	Specialty/facility name (if applicable):

☐ **REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is the patient within the age group listed in the FDA labeling and taking Repatha for an FDA approved indication?

☐ Yes

☐ No

Q2. Is this a request for a continuation of therapy?

☐ Yes - Go to 7

☐ No - Go to 3

Q3. Is there documentation of the diagnosis attached?

☐ Yes

☐ No

Q4. Has the member had prior treatment with one high intensity statin (therapy (such as atorvastatin 40 mg or 80 mg or rosuvastatin 20 mg or 40 mg) if clinically appropriate for greater than or equal to 3 months with failure to reach target LDL-C levels?

☐ Yes

☐ No

Q5. Is there a documented contraindication or explanation of statin-associated side effects if statin therapy cannot be used?



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Patient Name:	Prescriber Name:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. Are labs (lipid panel) attached within the last 3 months?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Is there documentation attached showing a positive clinical response?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Additional Information:	

Prescriber Signature

Date

v2026