



**GEORGIA MEDICAID FEE-FOR-SERVICE
PCSK9 INHIBITORS PA SUMMARY**

Preferred	Non-Preferred
Repatha (evolocumab)	Praluent (alirocumab)

LENGTH OF AUTHORIZATION: Initial: 6 months; Repeat: 1 year

PA CRITERIA:

Praluent

- ❖ Approvable for members 18 years of age or older with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD) who are following a low-fat diet (supplying <20% of calories from fat) and have experienced ineffectiveness (after 3 months), allergies, contraindications, drug-drug interactions or intolerable side effects with high-dose statin therapy in combination with at least one of the following: ezetimibe (Zetia), niacin, or colesevelam (Welchol)

AND

- ❖ Prescribers must submit documentation of a genetic evidence OR the following clinical evidence confirming HeFH or ASCVD:
 - Untreated or pretreated LDL-C >190 mg/dL and presence of tendinous xanthomas
 - OR*
 - Dutch Lipid Clinical Network score of ≥ 9
 - OR*
 - Documented acute coronary syndrome (ACS), myocardial infarction (MI), stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack (TIA) or peripheral arterial disease (PAD) of atherosclerotic origin.

AND

- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to Repatha.

Repatha

- ❖ Approvable for members 18 years of age or older with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD) who are following a low-fat diet (supplying <20% of calories from fat) and have experienced ineffectiveness (after 3 months), allergies, contraindications, drug-drug interactions or intolerable side effects with high-dose statin therapy in combination with at least one of the following: ezetimibe (Zetia), niacin, or colesevelam (Welchol)

AND

- ❖ Prescriber must submit documentation of a genetic evidence OR the following clinical evidence confirming HeFH or ASCVD:



- Untreated or pretreated LDL-C >190 mg/dL and presence of tendinous xanthomas

OR

- Dutch Lipid Clinical Network score of ≥ 9

OR

- Documented acute coronary syndrome (ACS), myocardial infarction (MI), stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack (TIA) or peripheral arterial disease (PAD) of atherosclerotic origin.

- ❖ Approvable for members 13 years of age or older with homozygous familial hypercholesterolemia (HoFH) who are following a low-fat diet (supplying <20% of calories from fat) and have failed to achieve maximum results from low density lipoprotein (LDL)-apheresis or are not candidates for LDL-apheresis (due to clinical reasons or proximity to treatment center)

AND

- ❖ Member must have experienced ineffectiveness (after 3 months), allergies, contraindications, drug-drug interactions or intolerable side effects with high-dose statin therapy in combination with at least one of the following: ezetimibe (Zetia), niacin, or colesvelam (Welchol)

AND

- ❖ Prescriber must submit documentation of genetic evidence *OR* the following clinical evidence confirming HoFH:
 - Xanthomas, corneal arcus, xanthelasma, life-threatening cardiovascular event at a young age, chest pain or other signs of coronary artery disease at a young age *OR* a family history of elevated untreated LDL-cholesterol (≥ 200 mg/dL) in both parents

AND

- Untreated LDL-C ≥ 500 mg/dL *OR* treated non-HDL cholesterol ≥ 330 mg/dL

OR

- Treated LDL-C ≥ 160 mg/dL with established cardiovascular disease

OR

- Treated LDL-C ≥ 190 mg/dL without established cardiovascular disease.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.