Medicare Part D – 2016

Prior Authorization Group Description:

PRALUENT

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Heterozygous Familial Hypercholesterolemia : Documentation (e.g., medical records, chart notes, laboratory values) of LDL level suggestive of a diagnosis of heterozygous familial hypercholesterolemia (e.g., Adults: LDL greater than 190 mg/dL). Hypercholesterolemia: Documentation of an LDL of 100 mg/dL or greater AND documented history of clinical atherosclerotic cardiovascular disease defined as one of the following: Acute coronary syndromes, Myocardial Infarction, Stable or unstable angina, Coronary or other arterial revascularization (e.g., percutaneous coronary intervention or coronary artery bypass graft surgery), Stroke, Peripheral artery disease presumed to be of atherosclerotic origin, Transient ischemic attack (TIA), Clinically significant coronary heart disease (CHD) diagnosed by invasive or noninvasive testing (such as coronary angiography, stress test using treadmill, stress echocardiography, or nuclear imaging), Carotid artery occlusion greater than 50% without symptoms, Renal artery stenosis or renal artery stent procedure. For Praluent 150 mg requests: Failure to achieve LDL less than 70 after 8 weeks of therapy with Praluent 75 mg. Reauthorization requests require documentation of LDL reduction while on Praluent therapy and, if tolerated, confirmation of continued statin therapy at the maximally tolerated dose.

Age Restrictions:

Prescriber Restrictions:

Cardiologist, Endocrinologist, or lipid specialist

Coverage Duration:

6 months

Other Criteria:

Clinically significant adverse effect(s), contraindication(s), intolerance or failure to two of the following at maximally tolerated doses: atorvastatin, Crestor, simvastatin, Vytorin, pitavastatin, pravastatin, fluvastatin, or lovastatin.