

**Medicare Part D – 2016****Prior Authorization Group Description:**

REPATHA

**Covered Uses:**

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

**Exclusion Criteria:****Required Medical Information:**

Heterozygous or Homozygous Familial Hypercholesterolemia : Documentation (e.g., medical records, chart notes, laboratory values) of LDL level suggestive of a diagnosis of 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. Reauthorization requests require confirmation of continued statin therapy at the maximally tolerated dose AND documentation of LDL reduction while on Repatha therapy.

**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.