

STATE OF WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES BUREAU FOR MEDICAL SERVICES

Alex J. Mayer Cabinet Secretary Cynthia Beane, MSW, LCSW Commissioner

Office of Pharmacy Services
Prior Authorization Criteria
Effective 11/13/2024
PCSK9 INHIBITORS
PRALUENT®(alirocumab) & REPATHA® (evolocumab)

Prior Authorization Request Form

REPATHA is a PCSK9 (proprotein convertase subtilisin kexin type 9) inhibitor antibody indicated for:

- Atherosclerotic cardiovascular disease, primary prevention: Adjunct to diet, alone or in combination with other lipid-lowering therapies (eg, maximally tolerated statin), for the treatment of adults with primary hyperlipidemia to reduce low-density lipoprotein-cholesterol (LDL-C).
- Atherosclerotic cardiovascular disease, secondary prevention: To reduce the risk of myocardial infarction, stroke, and coronary revascularization in adults with established cardiovascular disease. Note: Use in combination with an optimized regimen of lipid-lowering therapy (eg, high-intensity statin).
- Familial hypercholesterolemia, heterozygous: Adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., maximally tolerated statin) for the treatment of adults to reduce LDL-C; adjunct to diet and other lipid-lowering therapies for the treatment of pediatric patients ≥10 years of age to reduce LDL-C.
- Familial hypercholesterolemia, homozygous: Adjunct to other lipid-lowering therapies in pediatric patients ≥10 years of age and adults for the treatment of patients with homozygous familial hypercholesterolemia who require additional lowering of LDL-C.

PRALUENT is a PCSK9 (proprotein convertase subtilisin kexin type 9) inhibitor antibody indicated:

- to reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with <u>established cardiovascular disease</u>.
- as adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for the treatment of adults with <u>primary hyperlipidemia</u> (including heterozygous familial hypercholesterolemia) to reduce low-density lipoprotein cholesterol LDL-C.

CRITERIA FOR APPROVAL:

- Patient must meet all age and indication restrictions imposed by the current FDA-approved label;
 AND
- 2) Documentation must be submitted indicating that the patient failed to reach an LDL<70 mg/dL and the goal LDL-C as set by the prescriber after an 8-week trial of either atorvastatin 40 80 mg OR rosuvastatin 20 40 mg. Note: If the patient failed to tolerate the first statin, then they must be trialed on the second statin for 8-weeks or until intolerance occurs.</p>

Initial approval will be for 90 days.



CONTINUATION OF THERAPY CRITERIA:

- 1) Patient continues to meet all initial approval criteria; AND
- 2) Demonstrate continued documented compliance; AND
- 3) Documentation is provided showing efficacy as supported by at least a 40% in LDL-C reduction compared to pre-treatment levels.

