

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Alirocumab (Praluent)

Notes:

- Quantity limits: Yes
- ASCVD=*atherosclerotic cardiovascular disease*; LDL=*low-density lipoproteins*;
PST=*patient support tool*

Non-formulary **alirocumab (Praluent)** will be covered on the prescription drug benefit when the following criteria are met:

Clinical ASCVD (examples include: heart attack or stroke)

- * Prescribed by a cardiologist or an endocrinologist
- * Age 40 years or older
- * Receiving cholesterol lowering medications for at least 3 months including ezetimibe AND *statin therapy
- * Statin adherence rate of greater than or equal to 85% that is verified from PST or pharmacy dispensing history
- * Inadequate LDL reduction based on the statin intensity
- * LDL greater than or equal to 70 mg/dL on statin therapy
- * Trial and failure with evolocumab (Repatha)

****New members stable on alirocumab for at least 4 weeks or longer.**

- Receiving ezetimibe 10 mg/day unless patient suffered from recurrent ASCVD events
- LDL decreased by $\geq 50\%$ on alirocumab compared to pre-alirocumab levels
- Trial and failure with evolocumab (Repatha)

Heterozygous Familial Hypercholesterolemia

- * Prescribed by a cardiologist or an endocrinologist
- * Age 18 years or older
- * Not receiving LDL apheresis
- * Receiving cholesterol lowering medications for at least 3 months including ezetimibe AND *statin therapy
- * Statin adherence rate of greater than or equal to 85% that is verified from PST or pharmacy dispensing history
- * LDL greater than or equal to 100 mg/dL within the last 3 months on statin and ezetimibe
- * Trial and failure with evolocumab (Repatha)

****New members stable on alirocumab for at least 4 weeks or longer.**

- In addition to above criteria: LDL decreased by $\geq 50\%$ on alirocumab compared to pre-alirocumab levels
- Trial and failure with evolocumab (Repatha)

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Revised: 10/10/19
Effective: 11/07/19

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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***Statin Therapy:**

- * Maximum dose of high intensity statin
- * Maximally tolerated dose equivalent to atorvastatin 20 mg/day with documentation of trials and intolerance of both atorvastatin and rosuvastatin
- * Drug interaction precluding the use of atorvastatin 80 mg/day AND rosuvastatin 40 mg/day and the dose is at minimum equivalent to atorvastatin 20 mg/day

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