PROVIDER BULLETIN PROVIDER INFORMATION



June 25, 2015

New Drug-related Prior Authorization Criteria: Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors for Familial Hypercholesterolemia Prior Authorization with Quantity Limit

Blue Cross and Blue Shield of Minnesota (Blue Cross) will require prior authorization for a new class of drugs used to lower cholesterol, called proprotein convertase subtilisin/kexin type 9 agents (PCSK9). This prior authorization requirement will become effective on or after August 15, 2015, pending the release of FDA-approved indications for these drugs.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence based care for our members. One method for doing so is through the prior authorization process. The primary purpose is to ensure that evidence based care is provided to our members, driving quality, safety, and affordability.

Drugs included in this prior authorization program include **Praluent (alirocumab) and Repatha (evolocumab)**. The intent of the prior authorization (PA) requirement for proprotein convertase subtilisin/kexin type 9 agents is to encourage appropriate selection of Homozygous Familial Hypercholesterolemia (HoFH) or Heterozygous Familial Hypercholesterolemia (HeFH) patients for treatment according to clinical studies and/or peer reviewed evidence, as well as patient-specific criteria such as adherence or intolerance to previous statin therapy. Criteria will limit approved strengths and doses to those that are consistent with evidence used in support of FDA-approved indications.

Products impacted

This PA with quantity limit program applies to commercial lines of business **and** Prepaid Medical Assistance Program (PMAP), Minnesota Senior Care Plus (MSC+) **and** MinnesotaCare (Medicaid).

New PA criteria will be posted **after** initial FDA-approved indications are released. They can be accessed using the Blue Cross provider link.

- Access providers.bluecrossmn.com
- Under Tools And Resources, select Medical policy, then acknowledge the Acceptance statement
- Select View All Active Policies
- Select Pharmacy Utilization Management Programs

Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.

Distribution: All participating providers impacted by the information in this bulletin Bulletin P25-15 $\,$

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