

Reference number(s)
4279-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input checked="" type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input checked="" type="checkbox"/>
Managed Medicaid Template (MMT)	<input checked="" type="checkbox"/>
Marketplace (MF)	<input checked="" type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	<input checked="" type="checkbox"/>
Aetna Individual Lives (IVL)	<input checked="" type="checkbox"/>
Value (VF)	<input checked="" type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input checked="" type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input checked="" type="checkbox"/>
Value Formulary Chart (VFC)	<input checked="" type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

Exceptions Criteria

Lipid Disorders

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), Managed Medicaid Template (MMT), Marketplace (MF), Standard Formulary Chart (SFC), Advanced Control Specialty Formulary Chart (ACSFC), Value Formulary Chart (VFC), Aetna Individual Lives (IVL) Formulary, and Small Group Affordable Care Act (ACA) Aetna Health Exchange (AHE).

Plan Design Summary

This program applies to the lipid disorder products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Lipid Disorder Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	<ul style="list-style-type: none"> Repatha (evolocumab)
Target	<ul style="list-style-type: none"> Leqvio (inclisiran) Praluent (alirocumab)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Leqvio

Coverage for Leqvio is provided when the member has a documented inadequate response or intolerable adverse event to the preferred product.

Praluent

Coverage for Praluent is provided when either of the following criteria is met:

- Member has a documented intolerable adverse event to the preferred product.
- Member is 8 years of age to less than 10 years of age and Praluent is being prescribed for heterozygous familial hypercholesterolemia.

References

- Leqvio [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp.; June 2024.
- Praluent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; March 2024.
- Repatha [package insert]. Thousand Oaks, CA: Amgen, Inc; September 2021.