PA Policies: Can We Strike a Balance between Appropriate Utilization and Appropriate Access?

FH: A Costly Burden

20% of Heart Attacks Under Age 45 are due to Familial Hypercholesterolemia

PCSK9i Rejections: Stratified by Indication

ALL PATIENTS PRESCRIBED A PCSK9

62% rejected claims by plan

HIGH RISK PRESUMPTIVE FH PATIENTS

63.3% rejected claims by plan

LDL-C>190 on a MI Statin + ezetimibe OR HII Statin and prescribed PCSK9

HIGH RISK ASCVD PATIENTS

57.5% rejected claims by plan

LDL-C>190 on a MI Statin + ezetimibe OR HII Statin and prescribed PCSK9

PATIENTS PRESCRIBED EZETIMIBE

9% rejected claims by plan

LDL-C>190 on a MI Statin + ezetimibe OR HII Statin and prescribed ezetimibe

PATIENTS PRESCRIBED EZETIMIBE

8.2% rejected claims by plan

LDL-C>190 on a MI Statin + ezetimibe OR HII Statin and prescribed ezetimibe

Some forms allowed providers to choose which type of diagnostic confirmation to provide. The percentages of patients in plans that only listed genetic testing for diagnostic confirmation of FH on their PA form for Praluent were 38% commercial, 63% HIX, 29% Medicare, and 20% Medicaid. For Repatha, these numbers were 40% commercial, 50% HIX, 4% Medicare, and 19% Medicaid.
PCSK9 Inhibitors: Underutilized in FH

Cumulative Number Of FH Coded Individuals (E78.01)

- Oct 2016: 16,985
- Nov 2016: 34,279
- Dec 2016: 50,522
- Jan 2017: 66,768
- Feb 2017: 81,622
- Mar 2017: 97,855
- Apr 2017: 110,577

Less than 10% Diagnosed with FH
Less than 1% Prescribed PCSK9i

1,188 Prescribed