

DRUG DETERMINATION POLICY

Title: DDP-26 PCSK9 Inhibitors

Effective Date: 01/14/2020



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors are specialty drugs indicated for a couple of diagnoses and are associated with some side effects. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of side effects, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. Diagnosis and severity.

1. Homozygous Familial Hypercholesterolemia (HoFH) (must meet one below):
 - a. Genetic testing: confirmed presence of the LDLR, APOB, PCSK9 or LDLRAP1 gene.
 - b. Untreated with LDL greater than 500 mg/dL or treated LDL-C greater than 300 mg/dL (one below):
 - i. Cutaneous or tendon xanthoma at less than ten years old.
 - ii. Increased LDL-C consistent with HoFH in both parents.
2. Heterozygous Familial Hypercholesterolemia (HeFH) (must meet one below):

- a. Dutch Lipid Clinical Network criteria: definite diagnosis defined by total score greater than 8.
 - b. Simon Broome diagnostic criteria:
 - i. Adult: total cholesterol greater than 290 mg/dL or LDL-C greater than 190 mg/dL.
 - ii. Child (less than 16 years old.): total Cholesterol greater than 260 mg/dL or LDL-C greater than 155 mg/d.
3. Clinical Atherosclerotic Cardiovascular Disease (ASCVD):
- a. History of ASCVD or cardiovascular (CV) event: acute coronary syndromes, myocardial infarction, angina, coronary or other arterial revascularization procedure, stroke, transient ischemic attack, peripheral arterial disease.

B. Other therapies.

1. Non-pharmacological: lifestyle modifications (e.g., diet, alcohol use, smoking, exercise) attestation from practitioner.
2. Pharmacological: statin therapy (must meet one below):
 - a. Contraindication: chronic active liver disease diagnosis for greater than three months and/or unexplained persistent increased serum transaminases.
 - b. Failed high intensity statins and combination therapy (three month trial) (must meet all below):
 - i. Atorvastatin (40 mg/day to 80 mg/day) and (rosuvastatin 20 mg/day to 40 mg/day).
 - ii. High intensity statin with additional lipid lowering agent such as fibrate or ezetimibe.
 - iii. LDL-C (within last month): at least 100 mg/dL with ASCVD or at least 130 mg/dL without ASCVD.
 - c. Significant adverse effect (two weeks) (must meet both below):
 - i. Muscle symptoms: myalgia, myositis or rhabdomyolysis.
 - ii. High intensity statin dosage reduction or statin re-challenge with low intensity statin and reappearance of muscle symptoms.

C. Dosage regimen.

1. Praluent SC (alirocumab): 75mg every two weeks or 300mg every four weeks; max 150mg every two weeks.
2. Repatha SC (evolocumab): 140mg every two weeks or 420mg every month; HoFH - maximum dose 420mg every two weeks.

D. Approval.

1. Initial: six months.

2. Re-approval: one year (must meet one below):
 - a. Absolute reduction LDL-C: at least 40mg/dL.
 - b. Reduction below LDL-C equal or less than 100mg/dL with ASCVD or equal or less than 130mg/dL without ASCVD and maintain LDL above an acceptable threshold level dependent on the current standard of practice .

E. Exclusions:

1. Pregnant or breast-feeding.
2. Women of childbearing potential **not** using effective contraceptive methods for the duration of PCSK9 inhibitor therapy.
3. Triglycerides greater than 400 mg/dL.

4.0 Coding:

None.

5.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Repatha & Praluent accessed December 2020.
2. Efficacy and safety of alirocumab in reducing lipids and cardiovascular events. *NEJM* 2015; 372(16):1489-99.
3. Efficacy and safety of evolocumab in reducing lipids and cardiovascular events. *NEJM* 2015; 372(16)1500-9.
4. American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for the management of dyslipidemia and prevention of cardiovascular disease. *Endocr Pract* 2017; 23:1-87.
5. Focused Update of the 2016 ACC Expert Consensus Decision Pathway on the Role of Non-Statins Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease.

6.0 Appendices:

Appendix I: Monitoring & Patient Safety

Drug	Adverse Reaction	Monitoring Parameters	REMS
Praluent	<ul style="list-style-type: none"> • Local: injection site reactions (7-17%) • Pregnancy: adverse events not observed in animal studies; 	<ul style="list-style-type: none"> • Lab: LDL-C within 4-8 weeks of start or dose titration. • Miscellaneous: hypersensitivity to rx. 	N/A
Repatha	<ul style="list-style-type: none"> • Respiratory: nasopharyngitis (6-11%), URI (9%) • Pregnancy: adverse events not observed in animal studies 	<ul style="list-style-type: none"> • Lab: LDL-C within 4-8 weeks of start; Lipid profile (HeFH) • Miscellaneous: hypersensitivity to rx. 	N/A

7.0 Revision History:

Original Effective Date: 08/25/2015

Next Review Date: 09/23/2020

Revision Date	Reason for Revision
7/19	Moved to new format; replaced abbreviations
12/19	Off cycle review; removal of specialist-only prescribing requirement; add bottom LDL threshold level for re-approval as per standard of practice