Clinical Policy: Evolocumab (Repatha)

Reference Number: HIM.PA.156
Effective Date: 06.01.21
Last Review Date: 05.21
Line of Business: HIM

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Evolocumab (Repatha®) is a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor antibody.

FDA Approved Indication(s)

Repatha is indicated:

- To reduce the risk of myocardial infarction, stroke, and coronary revascularization in adults with established cardiovascular disease
- As an adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for treatment of adults with primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH]) to reduce low-density lipoprotein cholesterol (LDL-C)
- As an adjunct to diet and other LDL-lowering therapies (e.g., statins, ezetimibe, LDL apheresis) in patients with homozygous familial hypercholesterolemia (HoFH) who require additional lowering of LDL-C

Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation® that Repatha is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Primary Hyperlipidemia (including HeFH) and Atherosclerotic Cardiovascular Disease (must meet all)**:**

1. Diagnosis of one of the following (a or b):
   a. Primary hyperlipidemia with both of the following (i and ii) (note: these criteria in section I.A.1.a do not apply to HeFH and HoFH. Refer to section I.A.2 below for coverage criteria for HeFH or section I.B below for coverage criteria for HoFH);
      i. Provider's attestation of one of the following (a or b):
         a) Presence of a genetically mediated form of primary hyperlipidemia as evidenced by confirmatory genetic testing results;
         b) A diagnosis of secondary hyperlipidemia has been ruled out with absence of all of the following potential causes of elevated cholesterol (a-f):
            a) Poor diet;
            b) Hypothyroidism;
            c) Obstructive liver disease;
            d) Renal disease;
            e) Nephrosis;

f) Medications that have had a clinically relevant contributory effect on the current degree of the member's elevated lipid levels including, but not limited to: glucocorticoids, sex hormones, antipsychotics, antiretrovirals, immunosuppressive agents, retinoic acid derivatives;

ii. Provider's attestation that baseline LDL-C (prior to any lipid-lowering pharmacologic therapy) was one of the following (a or b):
   a) ≥ 190 mg/dL for genetically mediated primary hyperlipidemias;
   b) ≥ 220 mg/dL for non-genetically mediated primary hyperlipidemias;

b. Atherosclerotic cardiovascular disease (ASCVD) as evidenced by provider's attestation of a history of any one of the following conditions (i-vii):
   i. Acute coronary syndromes;
   ii. Clinically significant coronary heart disease (CHD) diagnosed by invasive or noninvasive testing (such as coronary angiography, stress test using treadmill, stress echocardiography, or nuclear imaging);
   iii. Coronary or other arterial revascularization;
   iv. Myocardial infarction;
   v. Peripheral arterial disease presumed to be of atherosclerotic origin;
   vi. Stable or unstable angina;
   vii. Stroke or transient ischemic attack (TIA);

2. For members with HeFH, provider's attestation that both of the following are met (a and b):
   a. Baseline LDL-C (prior to any lipid-lowering pharmacologic therapy) was ≥ 190 mg/dL;
   b. HeFH diagnosis is confirmed by one of the following (i or ii):
      i. World Health Organization (WHO)/Dutch Lipid Network familial hypercholesterolemia diagnostic criteria score of > 8 as determined by requesting provider (*see Appendix D*);
      ii. Definite diagnosis per Simon Broome criteria (*see Appendix D*);
3. Prescribed by or in consultation with a cardiologist, endocrinologist, or lipid specialist;
4. Age ≥ 18 years;
5. For members on statin therapy, provider's attestation of both of the following (a and b):
   a. Repatha is prescribed in conjunction with a statin at the maximally tolerated dose;
   b. Member has been adherent for at least the last 4 months to maximally tolerated doses of one of the following statin regimens (i, ii, or iii):
      i. A high intensity statin (*see Appendix E*);
      ii. A moderate intensity statin (*see Appendix E*), and member has one of the following (a or b):
         a) Intolerance to <u>two</u> high intensity statins;
         b) A statin risk factor (*see Appendix G*);
      iii. A low intensity statin, and member has one of the following (a or b):
         a) Intolerance to <u>one</u> high and <u>one</u> moderate intensity statins;
         b) A statin risk factor (*see Appendix G*) and history of intolerance to <u>two</u> moderate intensity statins;

6. For members not on statin therapy, provider's attestation that member meets one of the following (a or b):
   a. Statin therapy is contraindicated per Appendix F;
   b. For members who are statin intolerant, member has tried at least two statins, one of which must be hydrophilic (pravastatin, fluvastatin, or rosuvastatin), and member meets one of the following (i or ii):
      i. Member has statin risk factors (*see Appendix G*);
      ii. Member is statin intolerant due to statin-associated muscle symptoms (SAMS) and meets both of the following (a and b):
         a) Member had intolerable SAMS persisting at least two weeks, which disappeared with discontinuing the statin therapy and recurred with a statin re-challenge;
         b) Previous re-challenge with titration from lowest possible dose and/or intermittent dosing frequency (e.g., 1 to 3 times weekly);
7. Provider's attestation that member has been adherent to ezetimibe therapy used concomitantly with a statin at the maximally tolerated dose for at least the last 4 months, unless contraindicated per Appendix F or member has a history of ezetimibe intolerance (e.g., associated diarrhea or upper respiratory tract infection);
8. Provider's attestation of recent (within the last 60 days) LDL-C of one of the following (a, b, or c):
   a. ≥ 70 mg/dL for ASCVD;
   b. ≥ 100 mg/dL for genetically mediated severe primary hyperlipidemia (including HeFH);
   c. ≥ 130 mg/dL for non-genetically mediated severe primary hypercholesterolemia;
9. Treatment plan does not include coadministration with Juxtapid®, Kynamro®, or Praluent®;
10. Dose does not exceed 140 mg every 2 weeks or 420 mg per month.

Approval duration: 3 months

B. Homozygous Familial Hypercholesterolemia (must meet all)**:**
1. Diagnosis of HoFH;
2. Provider's attestation that diagnosis is defined by one of the following (a, b or c):
   a. Genetic mutation indicating HoFH (e.g., mutations in low density lipoprotein receptor [LDLR] gene, PCSK9 gene, apo B gene, low density lipoprotein receptor adaptor protein 1[LDLRAP1] gene);
   b. Treated LDL-C ≥ 300 mg/dL or non-HDL-C ≥ 330 mg/dL;
   c. Untreated LDL-C ≥ 500 mg/dL, and one of the following (i or ii):
      i. Tendinous or cutaneous xanthoma prior to age 10 years;
      ii. Evidence of HeFH in both parents (e.g., history of elevated LDL-C ≥ 190 mg/dL prior to lipid-lowering therapy);
3. Prescribed by or in consultation with a cardiologist, endocrinologist, or lipid specialist;
4. Provider's attestation that member meets one of the following (a or b):
   a. Age < 18 years, and LDL-C ≥ 130 mg/dL within the last 60 days despite statin and ezetimibe therapy, unless member has a contraindication (*see Appendix F*) or history of intolerance to each such therapy;

b. Age ≥ 18 years, and recent (within the last 60 days) LDL-C ≥ 70 mg/dL;

5. For members ≥ 18 years old and on statin therapy, provider's attestation of both of the following (a and b):
   a. Repatha is prescribed in conjunction with a statin at the maximally tolerated dose;
   b. Member has been adherent for at least the last 4 months to maximally tolerated doses of one of the following statin regimens (i, ii, or iii):
      i. A high intensity statin (*see Appendix E*);
      ii. A moderate intensity statin (*see Appendix E*) and member has one of the following (a or b):
         a) Intolerance to <u>two</u> high intensity statins;
         b) A statin risk factor (*see Appendix G*);
      iii. A low intensity statin and member has one of the following (a or b):
         a) Intolerance to <u>one</u> high and <u>one</u> moderate intensity statins;
         b) A statin risk factor (*see Appendix G*) and history of intolerance to <u>two</u> moderate intensity statins;
6. For members ≥ 18 years old and not on statin therapy, provider's attestation that member meets one of the following (a or b):
   a. Statin therapy is contraindicated per Appendix F;
   b. For members who are statin intolerant, member has tried at least <u>two</u> statins, one of which must be hydrophilic (pravastatin, fluvastatin, or rosuvastatin), and member meets one of the following (i or ii):
      i. Member has statin risk factors (*see Appendix G*);
      ii. Member is statin intolerant due to statin-associated muscle symptoms (SAMS) and meets both of the following (a and b):
         a) Member had intolerable SAMS persisting at least two weeks, which disappeared with discontinuing the statin therapy and recurred with a statin re-challenge;
         b) Previous re-challenge with titration from lowest possible dose and/or intermittent dosing frequency (e.g., 1 to 3 times weekly);
7. If age ≥ 18 years old, provider's attestation that member has been adherent to ezetimibe therapy used concomitantly with a statin at the maximally tolerated dose for at least the last 4 months , unless contraindicated per Appendix F or member has a history of ezetimibe intolerance (e.g., associated diarrhea or upper respiratory tract infection);
8. Treatment plan does not include coadministration with Juxtapid, Kynamro, or Praluent;
9. Dose does not exceed 420 mg per month.

Approval duration: 3 months

C. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): HIM.PA.154 for health insurance marketplace.

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. If statin tolerant, provider's attestation of adherence to a statin at the maximally tolerated dose;
3. Member is responding positively to therapy as evidenced by provider's attestation of lab results within the last 3 months showing an LDL-C reduction since initiation of Repatha therapy;
4. If request is for a dose increase, new dose does not exceed either of the following (a or b):
   a. Primary hyperlipidemia (including HeFH) or ASCVD: 140 mg every 2 weeks or 420 mg per month;
   b. HoFH: one of the following (i or ii):
      i. 420 mg per month;
      ii. 420 mg every 2 weeks and member did not achieve a clinically meaningful response, defined as not having achieved ≥ 30% reduction in LDL from baseline, with initial dosing.

Approval duration: 12 months

B. Other diagnoses/indications (1 or 2)**:**

1. Currently receiving medication via health plan benefit and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): HIM.PA.154 for health insurance marketplace.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – HIM.PA.154 for health insurance marketplace or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ALT: Alanine transaminase
apo B: apolipoprotein B
ASCVD: atherosclerotic cardiovascular disease
CHD: coronary heart disease
FDA: Food and Drug Administration
FH: familial hypercholesterolemia
HeFH: heterozygous familial hypercholesterolemia
HoFH: homozygous familial hypercholesterolemia
LDL-C: low density lipoprotein cholesterol
LDLR: low density lipoprotein receptor
LDLRAP1: low density lipoprotein receptor adaptor protein 1
PCSK9: proprotein convertase subtilisin kexin 9
SAMS: statin-associated muscle symptoms
TIA: transient ischemic attack
WHO: World Health Organization

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ezetimibe/simvastatin (Vytorin®)	10/40 mg PO QD	10 mg-40 mg/day (Use of the 10/80 mg dose is restricted to patients who have been taking simvastatin 80 mg for 12 months or more without evidence of muscle toxicity)
ezetimibe (Zetia®)	10 mg PO QD	10 mg/day
atorvastatin (Lipitor®)	40 mg PO QD	80 mg/day
rosuvastatin (Crestor®)	5 - 40 mg PO QD	40 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): hypersensitivity
- Boxed warning(s): none reported

Appendix D: Criteria for Diagnosis of HeFH
- Dutch Lipid Clinic Network criteria for Familial Hypercholesterolemia (FH)

FH Criteria	Points	Member's Score†
Family History		
First-degree relative with known premature* coronary and vascular disease	1	Place highest score here (0, 1 or 2)
First-degree relative with known LDL-C level above the 95th percentile	1	
First-degree relative with tendinous xanthomata and/or arcus cornealis	2	
Children aged < 18 years with LDL-C level above the 95th percentile	2	
Clinical History		
Patient with premature* coronary artery disease	2	Place highest score here (0, 1 or 2)
Patient with premature* cerebral or peripheral vascular disease	1	
Physical Examination		
Tendinous xanthomata	6	Place highest score here (0, 4 or 6)
Arcus cornealis prior to age 45 years	4	
Cholesterol Levels - mg/dL (mmol/liter)		
LDL-C ≥330 mg/dL (≥8.5)	8	Place highest score here
LDL-C 250 – 329 mg/dL (6.5 – 8.4)	5	

FH Criteria	Points	Member's Score†
LDL-C 190 – 249 mg/dL (5.0 – 6.4)	3	(0, 1, 3, 5 or 8)
LDL-C 155 – 189 mg/dL (4.0 – 4.9)	1	
DNA Analysis		
Functional mutation in the *LDLR, apo B* or *PCSK9* gene	8	Place score here (0 or 8)
TOTAL SCORE	Definite FH: >8	Place total score here __

*Premature – men < 55 years or women < 60 years
†Choose the highest score from each of the five categories and then add together for a total score. The five categories are 1) Family History, 2) Clinical History, 3) Physical Examination, 4) Cholesterol Levels, and 5) DNA Analysis.

- Simon Broome Register Group Definition of Definite FH (meets 1 and 2):
  1. One of the following (a or b):
     a. Total cholesterol level above 7.5 mmol/l (290 mg/dl) in adults or a total cholesterol level above 6.7 mmol/l (260 mg/dl) for children under 16
     b. LDL levels above 4.9 mmol/l (190 mg/dl) in adults (4.0 mmol/l in children) (either pre-treatment or highest on treatment)
  2. One of the following (a or b):
     a. Tendinous xanthomas in patient or relative (parent, child, sibling, grandparent, aunt, uncle)
     b. DNA-based evidence of an LDL receptor mutation or familial defective apo B-100
- High and Moderate Risk of ASCVD:
  - Patients with high risk of ASCVD include the following:
    - History of clinical atherosclerotic cardiovascular disease (as defined in section II)
    - Diabetes with an estimated 10-year ASCVD risk ≥ 7.5% for adults 40-75 years of age
    - Untreated LDL ≥ 190 mg/dL
  - Patients with moderate risk of ASCVD include the following:
    - Diabetes with an estimated 10-year ASCVD risk < 7.5% for adults 40-75 years of age
    - Estimated 10-year ASCVD risk ≥ 5% for adults 40-75 years of age
  - The calculator for the 10-year ASCVD risk estimator can be found here: http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate. Information needed to complete the ASCVD Risk Estimator include: gender, race (white, African American, other), systolic blood pressure, history of diabetes, age, total cholesterol, HDL-cholesterol, treatment for hypertension, smoking history or status, and concurrent statin or aspirin therapy.

Appendix E: High and Moderate Intensity Daily Statin Therapy for Adults

High Intensity Statin Therapy ***Daily dose shown to lower LDL-C, on average, by approximately ≥ 50%***
• Atorvastatin 40-80 mg • Rosuvastatin 20-40 mg
Moderate Intensity Statin Therapy ***Daily dose shown to lower LDL-C, on average, by approximately 30% to 50%***
• Atorvastatin 10-20 mg • Fluvastatin XL 80 mg • Fluvastatin 40 mg BID • Lovastatin 40 mg • Pitavastatin 1-4 mg • Pravastatin 40-80 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg
Low Intensity Statin Therapy ***Daily dose shown to lower LDL-C, on average, by < 30%***
• Simvastatin 10 mg • Pravastatin 10–20 mg • Lovastatin 20 mg • Fluvastatin 20–40 mg

Appendix F: Statin and Ezetimibe Contraindications

Statins
• Decompensated liver disease (development of jaundice, ascites, variceal bleeding, encephalopathy) • Laboratory-confirmed acute liver injury or rhabdomyolysis resulting from statin treatment • Pregnancy, actively trying to become pregnant, or nursing • Immune-mediated hypersensitivity to the HMG-CoA reductase inhibitor drug class (statins) as evidenced by an allergic reaction occurring with at least TWO different statins
Ezetimibe
• Moderate or severe hepatic impairment [Child-Pugh classes B and C] • Hypersensitivity to ezetimibe (e.g., anaphylaxis, angioedema, rash, urticaria)

Appendix G: Statin Risk Factors

Statin Risk Factors
• Multiple or serious comorbidities, including impaired renal or hepatic function • Unexplained alanine transaminase (ALT) elevations > 3 times upper limit of normal, or active liver disease • Concomitant use of drugs adversely affecting statin metabolism • Age > 75 years, or history of hemorrhagic stroke • Asian ancestry

Appendix H: General Information

- FDA Endocrinologic and Metabolic Drugs Advisory Committee briefing documents for another PCSK-9 inhibitor, Praluent, discuss the questionable determination of statin intolerance, stating: "many patients who are not able to take statins are not truly intolerant of the pharmacological class."
- Patients should remain on concomitant therapy with a statin if tolerated due to the established long term cardiovascular benefits.
- Examples of genetically mediated primary hyperlipidemia include but are not limited to the following:
  - Familial hypercholesterolemia
  - Familial combined hyperlipidemia (FCHL)
  - Polygenic hypercholesterolemia
  - Familial dysbetalipoproteinemia
- The diagnosis of SAMS is often on the basis of clinical criteria. Typical SAMS include muscle pain and aching (myalgia), cramps, and weakness. Symptoms are usually bilateral and involve large muscle groups, including the thigh, buttock, back, and shoulder girdle musculature. In contrast, cramping is usually unilateral and may involve small muscles of the hands and feet. Symptoms may be more frequent in physically active patients. Symptoms often appear early after starting stain therapy or after an increase in dose and usually resolve or start to dissipate within weeks after cessation of therapy, although it may take several months for symptoms to totally resolve. Persistence of symptoms for more than 2 months after drug cessation should prompt a search for other causes or for underlying muscle disease possibly provoked by statin therapy. The reappearance of symptoms with statin rechallenge and their disappearance with drug cessation offers the best evidence that the symptoms are truly SAMS.
- Pravastatin, fluvastatin, and rosuvastatin are hydrophilic statins which have been reported to confer fewer adverse drug reactions than lipophilic statins.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Primary hyperlipidemia (including HeFH) or hypercholesterolemia with ASCVD	140 mg SC Q2 weeks or 420 mg SC once monthly	420 mg/month
HoFH	420 mg SC once monthly; Dosage can be increased to 420 mg every 2 weeks if a clinically meaningful response is not achieved in 12 weeks	420 mg/2 weeks

VI. Product Availability

- Prefilled syringe and SureClick autoinjector: 140 mg/mL
- Prefilled cartridge Pushtronex system (on-body infusor): 420 mg/3.5 mL

VII. References

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13. Thompson PD, Panza G, Zaleski A, et al. Statin-associated side effects. JACC 2016;67(20):2395-2410.

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J3590	Unclassified biologics

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created (removed HIM line of business from CP.PHAR.123) per March SDC to revise criteria requirements to require provider attestation rather than documentation.	03.26.21	05.21
RT4: Updated HoFH continuation criteria based on FDA label update to allow a maximum dose of 420 mg every 2 wks if clinically meaningful response not achieved after 12 wks of 420 mg monthly.	07.13.21	

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan

retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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