UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 3066-14
Program	Step Therapy
Medications	Repatha® (evolocumab)
P&T Approval Date	11/2015, 1/2016, 8/2016, 11/2017, 2/2018, 1/2019, 2/2020, 4/2020, 6/2021, 6/2022, 6/2023, 10/2023
Effective Date	1/1/2024

1. Background:

Step therapy programs are utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires a member with a diagnosis of primary hyperlipidemia, heterozygous familial hypercholesterolemia (HeFH) or atherosclerotic cardiovascular disease (ASCVD) that require additional lowering of low-density lipoprotein cholesterol (LDL-C) with a PCSK9 (Proprotein Convertase Subtilisin Kexin Type 9) inhibitor, to document the trial of maximally tolerated statin therapy prior to the use of Repatha®. Patients with homozygous familial hypercholesterolemia (HoFH) will not be required to meet the Repatha step therapy requirements.

Repatha (evolocumab) is a PCSK9 inhibitor indicated to reduce the risk of myocardial infarction, stroke, and coronary revascularization in adults with established cardiovascular disease, and as an adjunct to diet, alone or in combination with other LDL-C-lowering therapies, for the treatment of adults with primary hyperlipidemia, including HeFH to reduce LDL-C. Also, it is indicated as an adjunct to other LDL-lowering therapies (e.g., statins, ezetimibe, LDL apheresis) in adults and pediatric patients aged 10 years and older with HoFH to reduce LDL-C and as an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 10 years and older with HeFH to reduce LDL-C.[1]

Members will be required to meet the coverage criteria below. Members, who have received Repatha in the past 60 days as documented in claims history, will be allowed continued coverage of their current therapy.

2. Coverage Criteria[a]:

A. Hyperlipidemia

1. **Repatha** will be approved based on **both** of the following criteria:

   a. Diagnosis of **one** of the following:

      (1) Primary hyperlipidemia

      (2) Heterozygous familial hypercholesterolemia

      (3) Atherosclerotic cardiovascular disease (ASCVD) (e.g., acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin)

-AND-

b. **One** of the following:

(1) Patient has been receiving at least 12 consecutive weeks of **high-intensity** [i.e., atorvastatin 40-80 mg, rosuvastatin (Crestor) 20-40 mg] statin therapy and will continue to receive high-intensity statin at maximally tolerated dose

-OR-

(2) **Both** of the following:

(a) Patient is unable to tolerate high-intensity statin as evidenced by one of the following intolerable and persistent (i.e., more than 2 weeks) symptoms:

i. Myalgia [muscle symptoms without creatine kinase (CK) elevations]
ii. Myositis (muscle symptoms with CK elevations < 10 times upper limit of normal [ULN])

-AND-

(b) Patient has been receiving at least 12 consecutive weeks of low-intensity or moderate-intensity statin therapy [i.e., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin ≥ 10 mg, pravastatin ≥ 10 mg, lovastatin 20-40 mg, fluvastatin XL 80 mg, fluvastatin 20-40 mg up to 40mg twice daily or Livalo (pitavastatin) ≥ 1 mg] and will continue to receive a low-intensity or moderate-intensity statin at maximally tolerated dose

-OR-

(3) Patient is unable to tolerate **low or moderate, and high-intensity statins** as evidenced by **one** of the following:

(a) **One** of the following intolerable and persistent (i.e., more than 2 weeks) symptoms for low or moderate, and high-intensity statins:

i. Myalgia (muscle symptoms without CK elevations)
ii. Myositis (muscle symptoms with CK elevations < 10 times upper limit of normal [ULN])

-OR-

(b) Patient has a labeled contraindication to all statins

-OR-

(c) Patient has experienced rhabdomyolysis or muscle symptoms with statin treatment with CK elevations > 10 times ULN

Authorization will be issued for 12 months.

B. <u>Other Diagnoses</u> 1. **Repatha** will be approved **Authorization will be issued for 12 months.** [a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Medical Necessity, Notification and/or Supply limits may be in place.

4. References:

1. Repatha [package insert]. Thousand Oaks, CA : Amgen Inc. ; September 2021.
2. Lloyd-Jones D, Morris P, Ballantyne C, et al. 2016 ACC expert consensus decision pathway on the role of non-statin therapies for LDL-cholersterol lowering in the management of atherosclerotic cardiovascular disease risk. J Am Coll Cardiol. 2016;68:92-125.
3. Jellinger PS, Handelsman Y, Rosenblit PD, et al. American association of clinical endocrinologists and American college of endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease. Endocr Pract. 2017; Suppl 2;23:1-87.
4. Lloyd-Jones D, Morris P, Ballantyne C, et al. 2017 Focused update of the 2016 ACC expert consensus decision pathway on the role of non-statin therapies for LDL-cholersterol lowering in the management of atherosclerotic cardiovascular disease risk. J Am Coll Cardiol. 2017; DOI: 10.1016/j.jacc.2017.07.745.
5. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2018; DOI: 10.1161/CIR.0000000000000625.

Program	Step Therapy- Repatha® (evolocumab)
Change Control	
11/2015	New program.
1/2016	Add statin and Zetia trial criteria along with removal of continuation of therapy criterion.
7/2016	Added Indiana and West Virginia coverage information.
8/2016	Add requirement of Praluent failure at maximum labeled dosing. Updated references.
11/2016	Administrative change. Added California coverage information.
11/2017	Modified previous statin requirement requiring failure, intolerance to high intensity and either moderate or low intensity statin. Removed Zetia trial requirement. Added physician attestation criterion. Updated state mandate verbiage. Updated references.
2/2018	Updated background and coverage criteria to include new indication for patients with primary hyperlipidemia. Updated references.

1/2019	Removed Praluent trial requirement. Updated reference.
2/2020	Annual review with no change to clinical coverage criteria. Updated reference.
4/2020	Updated program to include 60 day claim lookback period for continuation of coverage.
6/2021	Annual review with no changes to clinical coverage criteria. Updated language to align PCSK9 step therapy programs. Updated references.
6/2022	Annual review. Updated background to include new indications for pediatric patients with heterozygous familial hypercholesterolemia and homozygous familial hypercholesterolemia. Added examples of ASCVD. Modified examples of moderate and low intensity statin therapy per American College of Cardiology/American Heart Association Clinical Practice Guidelines. Condensed low intensity and moderate-intensity statin therapy sections. Updated references.
6/2023	Annual review. Updated background.
10/2023	Removed “routine audit” language from criteria. Updated background.