Evolocumab (Repatha®)	Place of Service Self-Administration HCPCS: J3590 NDC: See section (5)

Conditions listed in policy (*see criteria for details*)

- Clinical atherosclerotic cardiovascular disease (ASCVD)
- Heterozygous familial hypercholesterolemia (HeFH)
- Homozygous familial hypercholesterolemia (HoFH)
- Prevention of cardiovascular events
- Primary hyperlipidemia

AHFS therapeutic class: Antihyperlipidemic-PCSK9 inhibitors

Mechanism of action: Monoclonal antibody that binds to proprotein convertase subtilisin kexin type 9 (PCSK9) which inhibits binding of PCSK9 to LDL receptors, increasing the number of LDL receptors available to clear LDL, thereby lowering LDL cholesterol levels.

(1) Special Instructions and Pertinent Information

Repatha is managed under the Outpatient Pharmacy Benefit. If the patient has a prescription drug benefit, please contact Blue Shield Pharmacy services to obtain a prior authorization.

To submit a request to the medical benefit, please submit clinical information for prior authorization review via fax, including medical rationale why the patient cannot self-administer Repatha in the home.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Repatha® (evolocumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Heterozygous familial hypercholesterolemia (HeFH), Clinical atherosclerotic cardiovascular disease (ASCVD), Prevention of cardiovascular events, or Primary hyperlipidemia

1. Meets one of the following:
    a. For use in combination with a high-intensity statin regimen and all of the following:
        i. Current LDL cholesterol (LDL-C) is > 70 mg/dl despite 3 months of treatment with one of the following:
            1. Ezetimibe (Zetia) used together with a high-intensity statin (atorvastatin 80 mg or rosuvastatin 40 mg), **or**
            2. Ezetimibe (Zetia) used together with atorvastatin (Lipitor) < 80 mg or rosuvastatin < 40 mg for patients at increased risk for developing rhabdomyolysis, **or**
            3. Maximally-tolerated high-intensity statin (atorvastatin 80 mg or rosuvastatin 40 mg) for patients who require more LDL-C lowering than what can be expected from the addition of ezetimibe (Zetia)

    OR

    b. For use WITHOUT a high-intensity statin in patients with documented statin intolerance and one of the following:
        i. Current LDL cholesterol (LDL-C) is > 70 mg/dl, and attestation that patient has an FDA approved package insert (PI) supported contraindication to treatment with all statins, **OR**
        ii. All the following:
            1. Attestation of intolerable muscle symptoms which are reversible upon statin discontinuation, but recur upon re-challenge with statin treatment, **and**
            2. Attestation that other potential causes of intolerable muscle symptoms have been maximally managed or ruled out, **and**
            3. Trial of at least two different statins (at least one statin is a high-intensity statin such as rosuvastatin or atorvastatin at lowest starting dose), **and**
            4. Inadequate response to ezetimibe (Zetia) with another non-statin lipid-lowering drug regimen has not resulted in reduction in LDL to target goal, or patient requires more LDL-lowering than what can be expected with ezetimibe (Zetia) along with non-statin lipid-lowering drug regimen.

Covered Doses
140 mg SC every 2 weeks or 420 mg SC monthly

Coverage Period
Indefinite

ICD-10:
E78.0, E78.2, E78.5

Homozygous familial hypercholesterolemia (HoFH)

1. Recommended by a cardiologist or endocrinologist, **AND**
2. Confirmed diagnosis of homozygous familial hypercholesterolemia with a positive genetic test for LDL-R genetic mutations confirming HoFH OR clinical evidence supporting a diagnosis of HoFH *[See Additional Information section 5]*, **AND**
3. Used in combination with a standard lipid lowering combination regimen (e.g.; a high intensity statin and a non-statin lipid lowering agent)

Covered Doses
420 mg SC every month
Dose may be increased to 420 mg SC every 2 weeks if a clinically meaningful response is not achieved in 12 weeks or if the patient is on lipid apheresis

Coverage Period
Indefinite

ICD-10:
E78.0

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Repatha® (evolocumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- 140 mg/mL single-use prefilled syringe - 1 pack (NDC: 72511-750-01)
- 140 mg/mL single-use prefilled SureClick® autoinjector - 1 pack (NDC: 72511-0760-01)
- 140 mg/mL single-use prefilled SureClick® autoinjector - 2 pack (NDC: 72511-0760-02)
- 420 mg/3.5ml single-use Pushtronex™system on-body infusor with prefilled cartridge (NDC: 72511-0770-01)

HoFH diagnostic criteria based on based on the following:

HoFH Genetic Diagnosis	HoFH Clinical Diagnosis

Based on the following genetic tests: o LDLR DNA Sequence Analysis o LDLR Deletion/Duplication Analysis for large gene rearrangement testing-only if the Sequence Analysis is Negative	A clinical diagnosis of familial hypercholesterolemia is best made with the following clinical features: o High levels of total cholesterol and LDL cholesterol (e.g. LDL-C > 500 in untreated patients or LDL-C > 300 in treated patients), **and** o Therapy resistant elevated LDL in both parents, **and** o At least **one** of the following: ▪ Xanthomas (waxy deposits of cholesterol in the skin or tendons), ▪ Xanthelasmas (cholesterol deposits in the eyelids), ▪ Corneal arcus (cholesterol deposit around the cornea of the eye). ▪ A strong family history of high levels of total and LDL cholesterol and/or family or personal history or early cardiovascular event (stroke or heart attack) ▪ Symptoms consistent with ischemic heart disease (chest pain, shortness of breath), peripheral vascular disease (pain and numbness in the legs), or aortic stenosis (fatigue, shortness of breath) in the member.

Reference: Raal FJ and Santos RD. Homozygous familial hypercholesterolemia: Current perspectives on diagnosis and treatment. Atherosclerosis 2012; 223: 262-68.

AACE 2017 Atherosclerotic CVD Risk Stratification		LDL goal
High risk	ASCVD equivalent including diabetes or stage 3 or 4 CKD with no other risk factors, or individuals with 2 or more risk factors and a 10-year risk of 10%- 20%)	<100 mg/dL
Very high risk	Established or recent hospitalization for acute coronary syndrome (ACS); coronary, carotid or peripheral vascular disease; diabetes or stage 3 or 4 CKD with 1 or more risk factors; a calculated 10-year risk greater than 20%; or heterozygous familial hypercholesterolemia [HeFH])	<70 mg/dL
Extreme risk	Progressive ASCVD, including unstable angina that persists after achieving an LDL-C <70 mg/dL, or established clinical ASCVD in individuals with diabetes, stage 3 or 4 CKD, and/or HeFH, or in individuals with a history of premature ASCVD (<55 years of age for males or <65 years of age for females)	<55 mg/dL

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- 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. Available at: https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000625
- 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;23(Suppl 2):1-87.
- PCSK9 Inhibitors for Treatment of High Cholesterol: Effectiveness, Value, and Value-Based Price Benchmarks. Institute for Clinical and Economic Review. November 24, 2015. Available at: cepac.icer-review.org
- Repatha (evolocumab) [Prescribing information]. Thousand Oaks, CA: Amgen; 9/2021.

(7) Policy Update

Date of last review: 3Q2022
Date of next review: 3Q2023
Changes from previous policy version:

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee