Prior Authorization Request Form

1. **REPATHA®** is a PCSK9 (Proprotein Convertase Subtilisin Kexin Type 9) inhibitor antibody indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of LDL-cholesterol (LDL-C).

2. **PRALUENT®** is a PCSK9 (Proprotein Convertase Subtilisin Kexin Type 9) inhibitor antibody indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of LDL-cholesterol (LDL-C).

3) **CRITERIA FOR APPROVAL**

   1) Must be prescribed by or in consultation with a cardiologist, lipid specialist, or endocrinologist; AND

   2) Patient age must match the FDA approved indication for the requested PCSK-9 inhibitor:
      a. Patient must be 13 years or older for HoFH OR
      b. 18 years or older for HeFH and ASCVD AND

   3) The patient must have a documented diagnosis of familial hypercholesterolemia (supported by genetic testing) OR a documented diagnosis of ASCVD¹; AND

   4) Documentation must be submitted indicating that the patient has failed to reach an LDL<70 mg/dL after 8-week trials of both atorvastatin 40 to 80 mg and rosuvastatin 20 to 40 mg (prescribed at the maximally tolerated dose) AND at least one of these trials must include a concurrent trial of ezetimibe. **In both trials, documentation must clearly indicate an attempt was made to maximize the statin dose** and patient adherence to all statin/ezetimibe trials must be evidenced by consistent pharmacy claims.
5) Should the patient be unable to tolerate the recommended dosing for high-intensity statin therapy, the patient will be required to trial at least two (2) other lipid-lowering agents with a statin prescribed at the maximally tolerated dose, unless doing so would be unlikely to achieve the goal LDL.

1Diagnosis of ASCVD is defined as one of the following: acute coronary syndrome, or a 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.

**CRITERIA FOR CONTINUATION**

1) Documentation of efficacy indicated by at least a 40% LDL-C reduction from pre-treatment level; **AND**

2) Documentation that the member has been adherent to concurrent treatment with statin and PCSK9 inhibitor as demonstrated by consistent pharmacy claims. Note: Ezetimibe and other lipid lowering agents may be discontinued at the discretion of the clinician once the patient has been established on the PCSK9 inhibitor.

**(OFF-LABEL USE): PCSK9 INHIBITOR MONOTHERAPY DUE TO STATIN INTOLERANCE**

Off-label use of the PCSK9 Inhibitors is approvable **only** on appeal to the Medical Director.

The PCSK9 inhibitors are not FDA-approved for use in the absence of concurrent statin therapy, however WV Medicaid recognizes that there are patients who require aggressive lipid-lowering therapy but who may not be able to safely tolerate a high-intensity statin.

Approval of off-label use of any PCSK9 inhibitor requires documentation that the patient has previously experienced rhabdomyolysis while on a statin OR that the prescriber has personally tested the patient for a physiological statin intolerance. Verification of intolerance requires laboratory findings indicating significant elevation in creatine kinase levels (typically > 10x the upper normal limit). **Simple documentation that the patient had muscle cramps/spasms or “myopathy” is NOT sufficient for approval as monotherapy.**

The following is an example of an acceptable strategy for proving statin intolerance:

A minimum of three statins must be trialed, two of which must be high-intensity statins (atorvastatin to a goal of 40-80 mg or rosuvastatin to a goal of 20-40 mg).

High intensity statin #1 → Patient experiencing adverse effects → If appropriate, discontinue statin and allow a 2-week washout period → Attempt to re-initiate the same statin at a lower dose and titrate upward as tolerated. Verification of physical intolerance or toxicity require
laboratory findings indicating significant elevation in creatine kinase levels (typically > 10x the upper normal limit).

If failure to tolerate high-intensity statin #1, then switch to high-intensity statin #2 and proceed in a similar fashion. Should the patient fail the second high-intensity statin, the 3rd trial should involve titration of a different statin to the highest dose tolerated. Should the 3rd trial fail, then the patient may be approved for PCSK9 therapy off-label therapy. NOTE: Approval of any PCSK9 therapy is contingent on the patient not being able to reach their goal LDL with the addition of either ezetimibe or a bile acid sequestrant to any current statin therapy tolerated.

REFERENCES

1) Repatha package insert revised 9/2015
2) Praluent package insert revised 7/2015
3) Lexi-Comp Clinical Application reviewed 8/22/2017
5) UpToDate clinical article: Management of low density lipoprotein cholesterol (LDL-C) in secondary prevention of cardiovascular disease (last update 7-25-2017)
6) Evolocumab and Clinical Outcomes in Patients with Cardiovascular Disease; N Engl J Med 2017; 376:1713-1722