Pharmacy Policy Bulletin: J-0434 PCSK9 Inhibitors – Commercial and Healthcare Reform	
Number: J-0434	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.)**: **1.** PCSK-9 = Yes w/ Prior Authorization **Quantity Limits:** **1. Repatha Pushtronex (a. through d.)**: **a.** Quantity Limits = Safety/Specialty **b.** Quantity Limits = Safety/Specialty + Dose Opt **c.** Quantity Limits = Safety/Specialty + Dose Opt + Watchful **d.** Performance = MRXC = Yes **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0434-026	**Original Date:** 07/09/2015
Effective Date: 10/08/2025	**Review Date:** 09/17/2025

Drugs Product(s):	• Praluent (alirocumab) • Repatha (evolocumab) • Repatha (evolocumab) SureClick • Repatha (evolocumab) Pushtronex
FDA-Approved Indication(s):	• Praluent ○ To reduce the risk of myocardial infarction (MI), stroke, and unstable angina requiring hospitalization in adults with established cardiovascular disease (CVD). ○ As adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C)-lowering therapies, in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce LDL-C. ○ As an adjunct to other LDL-C-lowering therapies in adult patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C. ○ As an adjunct to diet and other LDL-C-lowering therapies in pediatric patients aged 8 years and older with HeFH to reduce LDL-C. • Repatha

	○ To reduce the risk of major adverse cardiovascular (CV) events (CV death, MI, stroke, unstable angina requiring hospitalization, or coronary revascularization) in adults with established CVD. ○ As an adjunct to diet, alone or in combination with other LDL-C lowering therapies, in adults with primary hyperlipidemia (including HeFH) to reduce LDL-C. ○ 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. ○ As an adjunct to other LDL-C-lowering therapies in adults and pediatric patients aged 10 years and older with HoFH, to reduce LDL-C.

Background:	• The proprotein convertase subtilisin/kexin type 9 (PCSK9) enzyme binds to LDL receptors present on the surface of hepatocytes and degrades the receptors. By inhibiting the binding of PCSK9 to LDL receptors, Repatha and Praluent increase the number of receptors available to clear LDL from the blood, thereby lowering LDL levels. • Clinical atherosclerotic cardiovascular disease (ASCVD) includes acute coronary syndromes, or a history of MI, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack (TIA), or peripheral arterial disease (PAD) presumed to be of atherosclerotic origin. PAD can affect any vascular structures outside of the heart, including the descending thoracic and abdominal aorta. • The 2023 Update on European Atherosclerosis Society Consensus Statement on Homozygous Familial Hypercholesterolaemia: new treatments and clinical guidance recommends LDL goals of < 115 mg/dL for children/adolescents, < 70 mg/dL in adults with no major ASCVD risk factors and < 55 mg/dL in adults with ASCVD or major ASCVD risk factors. • The 2022 American College of Cardiology (ACC) Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk recommends the below thresholds for initiating non-statin therapy in the below patient populations: ○ ≥ 50% LDL-C reduction and LDL-C < 55 mg/dL (or non-HDL-C < 85 mg/dL) ▪ Adults With Clinical ASCVD at Very High Risk on Statin Therapy for Secondary Prevention ▪ Adults With Clinical ASCVD at Very High Risk and Baseline LDL-C ≥ 190 mg/dL Not Due to Secondary Causes and With Clinical Diagnosis or Genetic Confirmation of Familial Hypercholesterolemia, on Statin for Secondary Prevention ○ ≥ 50% LDL-C reduction and LDL-C < 70 mg/dL (or non-HDL-C < 100 mg/dL) ▪ Adults With Clinical ASCVD, Not at Very High Risk, on Statin Therapy for Secondary Prevention ▪ Adults With Clinical ASCVD and Baseline LDL-C ≥ 190 mg/dL Not Due to Secondary Causes Without Clinical or Genetic Diagnosis of Familial Hypercholesterolemia, on Statin Therapy for Secondary Prevention ▪ Adults Without Clinical ASCVD and With Baseline LDL-C ≥ 190 mg/dL Not Due to Secondary Causes on Statin Therapy for Primary Prevention • For incorporation of subclinical atherosclerosis imaging into risk assessment and treatment for adults without clinical ASCVD or diabetes or LDL-C ≥ 190 mg/dL, the consensus recommends a coronary artery calcium or calcification (CAC) score ≥ 1,000 Agatston units for consideration of PCSK9 inhibitors.

- Genetic testing for an LDL-C gene defect may provide a definitive diagnosis of HoFH or HeFH. Diagnosis can also be made by markedly elevated untreated LDL-C levels along with physical signs. The Dutch Lipid Clinic Criteria, Simon Broome Diagnostic Criteria, and the Make Early Diagnosis to Prevent Early Deaths (MEDPED) criteria are accepted resources for familial hypercholesterolemia (FH) diagnosis. Dutch Lipid Clinic Network assigns points based on LDL-C levels, personal history of early ASCVD, family history of early ASCVD, or high cholesterol in a first-degree relative, and personal and physical examination findings. A score > 8 indicates a definitive familial hypercholesterolemia diagnosis. Simon Broome Diagnostic Criteria is based on the lipid profile in familial hypercholesterolemia, a family history of hypercholesterolemia and/or premature ischemic heart disease, or the presence of tendon xanthomas. Results are categorized as definite, probable, or unlikely. The MEDPED criteria are based on family history of familial hypercholesterolemia, age, and total cholesterol cutoffs. Results are categorized as definite or unlikely diagnosis of familial hypercholesterolemia.
- Currently published literature commonly establishes a threshold of at least a 30% LDL-C reduction for "usual" responders to PCSK9 inhibitor therapy. "Unusual" responses can include no response (no change in LDL-C at any timepoint), reduced response (< 30% LDL-C reduction), or lost response (≥ 30% LDL-C reduction initially, but < 30% reduction at a later timepoint).
- Non–HDL-C is calculated from the routine lipid panel as total cholesterol minus HDL-C.
- Prescribing Considerations:
    - Maximally tolerated statin therapy is defined as the highest tolerated intensity and frequency of a statin, even if the dose is zero. If statin tolerance is zero, the member meets the statin intolerance definition in the criteria.
    - Concurrent lipid lowering therapies for the treatment of HoFH include maximally tolerated statin, ezetimibe, PCSK9 inhibitors, lomitapide, and lipid apheresis.
    - Repatha dosing for established CVD or with primary hyperlipidemia including HeFH is either 140 mg every 2 weeks or 420 mg once monthly. Repatha dosing for HoFH is 420 mg once monthly. The dosage for HoFH can be increased to 420 mg every 2 weeks if a clinically meaningful response is not achieved in 12 weeks. Repatha is supplied as 140 mg/mL single-dose prefilled syringe or SureClick autoinjector. It is also supplied as Repatha Pushtronex 420 mg/3.5 mL, single-dose system (on-body infuser with prefilled cartridge).
    - Per the 2022 American College of Cardiology Expert Consensus Decision on Nonstatin Therapies for LDL-C lowering in ASCVD: If a nonstatin therapy (for example, PCSK9 inhibitor) is added or adjusted, the writing committee emphasizes the importance of monitoring the LDL-C response within 4 to 12 weeks to avoid therapeutic inertia and maximize LDL-C lowering as quickly as possible. Per the package inserts for Repatha and Praluent, LDL-C lowering effect may be measured as early as 4 weeks after initiation.

Table 1: Criteria for Defining Patients at Very High Risk* of Future ASCVD Events	
Major ASCVD Events	Recent ACS (within the past 12 months)
	History of MI (other than recent ACS event listed above)
	History of ischemic stroke
	Symptomatic PAD (history of claudication with ABI <0.85 or previous revascularization or amputation)
High-Risk Conditions	Age ≥ 65 years
	HeFH

	History of prior coronary artery bypass surgery or percutaneous coronary intervention outside of the major ASCVD event(s)
	Diabetes
	Hypertension
	CKD (eGFR 15-59 mL/min/1.73 m^2)
	Current smoking
	Persistently elevated LDL-C (LDL-C ≥ 100 mg/dL [≥ 2.6 mmol/L]) despite maximally tolerated statin therapy and ezetimibe
	History of congestive heart failure
***Very High Risk includes a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions**	

Table 2: Statin Intensity

Low-Intensity Statins	**Moderate-Intensity Statins**	**High-Intensity Statins**
Daily dose lowers LDL-C by < 30% on average	Daily dose lowers LDL-C by 30% to < 50%, on average	Daily dose lowers LDL-C by ≥ 50%, on average
• simvastatin 10 mg • pravastatin 10-20 mg • lovastatin 20 mg • fluvastatin 20-40 mg • pitavastatin 1 mg	• atorvastatin 10-20 mg • rosuvastatin 5-10 mg • simvastatin 20-40 mg • pravastatin 40-80 mg • lovastatin 40 mg • fluvastatin XL 80 mg • fluvastatin 40 mg twice daily • pitavastatin 2-4 mg	• atorvastatin 40-80 mg • rosuvastatin 20-40 mg

Approval Criteria

I. **Homozygous Familial Hypercholesterolemia (HoFH) (ICD-10: E78.0)**

A. **Initiation (< 6 months of therapy)**
When a benefit, coverage of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 7.)**:
1. The member meets one (1) of the following criteria **(a. or b.)**:
   a. If the request is for Praluent, the member is 18 years of age or older.
   b. If the request is for Repatha, the member is 10 years of age or older.
2. The drug is prescribed by or in consultation with one (1) of the following specialties **(a., b., or c.)**:
   a. Cardiologist
   b. Lipid Specialist
   c. Endocrinologist
3. The member has a diagnosis of HoFH supported by one (1) of the following criteria **(a. or b.):**
   a. Genetic confirmation of two (2) mutant alleles at the LDLR, ApoB, PCSK9, or LDLRAP1 gene locus.
   b. The member meets all of the following criteria **(i. and ii.)**:
      i. When untreated (no previous therapy), the member had lab values of one (1) of the following **(A) or B))**:
         A) Untreated LDL-C > 400 mg/dL
         B) Untreated TC > 500 mg/dL
      ii. The member meets one (1) of the follow criteria **(A) or B))**:
         A) Cutaneous or tendon xanthoma before 10 years of age
         B) Evidence of HeFH in both parents
4. The member meets one (1) of the following criteria **(a. or b.)**:
   a. The member has experienced therapeutic failure to a maximally tolerated statin.
   b. The member is statin intolerant defined as one (1) of the following **(i. or ii.)**:

i. While receiving at least two (2) separate trials of different statins, the member experienced one (1) of the following **(A) or B))**:
   - **A)** Statin related rhabdomyolysis, which resolved upon discontinuation of the statins
   - **B)** Skeletal-related muscle symptoms, which resolved upon discontinuation of the statins

ii. The member experienced one (1) of the following during any course of statin therapy **(A), B), or C))**:
   - **A)** Creatinine kinase (CK) increase to 10 times upper limit of normal (ULN)
   - **B)** Liver function tests (LFTs) increase to 3 times ULN
   - **C)** Hospitalization due to severe statin-related adverse event (for example, rhabdomyolysis)

5. The member has a current LDL-C level that meets one (1) of the following criteria **(a., b., or c.)**:
   - **a.** If the member is 17 years of age or younger, LDL-C > 115 mg/dL
   - **b.** If the member is 18 years of age or older, LDL-C > 70 mg/dL
   - **c.** If the member is 18 years of age or older with ASCVD or major ASCVD risk factors (example: diabetes), LDL > 55 mg/dL.

6. If the request is for Praluent, the member has experienced therapeutic failure or intolerance to plan-preferred Repatha.

7. The member will continue to receive concurrent lipid-lowering therapies for the treatment of HoFH.

B. Maintenance (≥ 6 months of therapy)

When a benefit, reauthorization of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 5.)**:

1. The member meets one (1) of the following criteria **(a. or b.)**:
   - **a.** If the request is for Praluent, the member is 18 years of age or older.
   - **b.** If the request is for Repatha, the member is 10 years of age or older.

2. *Prior to the start of therapy*, the member has a diagnosis of HoFH supported by one (1) of the following criteria **(a. or b.):**
   - **a.** Genetic confirmation of two mutant alleles at the LDLR, ApoB, PCSK9, or LDLRAP1 gene locus.
   - **b.** The member meets all of the following criteria **(i. and ii.)**:
     - **i.** When untreated (no previous therapy), the member had lab values of one (1) of the following **(A) or B))**:
       - **A)** Untreated LDL-C > 400 mg/dL
       - **B)** Untreated TC > 500 mg/dL
     - **ii.** The member meets one (1) of the following criteria **(A) or B))**:
       - **A)** Cutaneous or tendon xanthoma before 10 years of age
       - **B)** Evidence of HeFH in both parents

3. *Prior to the start of Praluent or Repatha therapy*, the member met one (1) of the following, despite use with a maximally tolerated statin **(a., b., or c.):**
   - **a.** If the member is 17 years of age or younger, LDL-C > 115 mg/dL
   - **b.** If the member is 18 years of age or older, LDL-C > 70 mg/dL
   - **c.** If the member is 18 years of age or older with ASCVD or major ASCVD risk factors (example: diabetes), LDL > 55 mg/dL.

4. The member will continue to receive concurrent lipid-lowering therapies for the treatment of HoFH.

5. The member has experienced a reduction in LDL-C from baseline.

II. Heterozygous Familial Hypercholesterolemia (HeFH) (ICD-10: E78.0)

A. Initiation (< 6 months of therapy)

When a benefit, coverage of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 7.)**:

1. The member meets one (1) of the following criteria **(a. or b.)**:
   a. If the request is for Praluent, the member is 8 years of age or older
   b. If the request is for Repatha, the member is 10 years of age or older
2. The drug is prescribed by or in consultation with one (1) of the following specialties **(a., b., or c.)**:
   a. Cardiologist
   b. Lipid Specialist
   c. Endocrinologist
3. The member has a diagnosis of HeFH supported by one (1) of the following **(a., b., or c.)**:
   a. Genetic confirmation of one (1) mutant allele at the LDLR, ApoB, PCSK9, or LDLRAP1 gene locus.
   b. The member meets all of the following criteria **(i. and ii.)**:
      i. When untreated (no previous therapy), the member had lab values of one (1) of the following **(A) or B))**:
         A) Untreated LDL-C ≥ 190 mg/dL
         B) Untreated LDL-C ≥ 160 mg/dL before 20 years of age
      ii. The member meets one (1) of the following physical signs of familial hypercholesterolemia **(A) through D))**:
         A) corneal arcus prior to 45 years of age
         B) tendon xanthoma
         C) tuberous xanthoma
         D) xanthelasma
   c. The member meets one (1) of the following criteria **(i., ii., or iii.)**:
      i. WHO criteria/Dutch Lipid Clinical Network score > 8 points
      ii. Familial hypercholesterolemia possibility of “definite” based on the Simon Broome register
      iii. Familial hypercholesterolemia possibility of “definite” on the Make Early Diagnosis to Prevent Early Deaths (MEDPED) tool
4. The member meets one (1) of the following criteria **(a. or b.)**:
   a. The member has experienced therapeutic failure to a maximally tolerated statin.
   b. The member is statin intolerant defined as one (1) of the following **(i. or ii.)**:
      i. While receiving at least two (2) separate trials of different statins, the member experienced one (1) of the following **(A) or B))**:
         A) Statin related rhabdomyolysis, which resolved upon discontinuation of the statins
         B) Skeletal-related muscle symptoms, which resolved upon discontinuation of the statins
      ii. The member experienced one (1) of the following during any course of statin therapy **(A), B), or C))**:
         A) Creatinine kinase (CK) increase to 10 times ULN
         B) Liver function tests (LFTs) increase to 3 times ULN
         C) Hospitalization due to severe statin-related adverse event (for example, rhabdomyolysis)
5. The member meets one (1) of the following **(a. through d.):**
   a. The member has a current LDL-C ≥ 70 mg/dL.
   b. The member has a current non-HDL-C ≥ 100 mg/dL.
   c. The member meets the criteria for very high-risk (see **Table 1**: history of multiple major ASCVD events or one (1) major ASCVD event and multiple high-risk conditions) and meets one (1) of the following **(i. or ii.):**
      i. LDL-C ≥ 55 mg/dL
      ii. Non-HDL-C ≥ 85 mg/dL
   d. The member had a < 50% reduction in baseline LDL-C despite use with maximally tolerated statin therapy.
6. If the request is for Praluent and the member is 10 years of age or older, the member has experienced therapeutic failure or intolerance to plan-preferred Repatha.

7. If the member is 17 years of age or younger, the member will continue to receive concurrent lipid-lowering therapies for treatment of HeFH.

B. **Maintenance (≥ 6 months of therapy)**
When a benefit, reauthorization of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 5.)**:

1. The member meets one (1) of the following criteria **(a. or b.):**
   a. If the request is for Praluent, the member is 8 years of age or older
   b. If the request is for Repatha, the member is 10 years of age or older
2. *Prior to the start of therapy*, the member has a diagnosis of HeFH supported by one (1) of the following **(a., b., or c.)**:
   a. Genetic confirmation of one (1) mutant allele at the LDLR, ApoB, PCSK9, or LDLRAP1 gene locus.
   b. The member meets all of the following criteria **(i. and ii)**:
      i. When untreated (no previous therapy), the member had lab values of one (1) of the following **(A) or B))**:
         A) Untreated LDL-C ≥ 190 mg/dL
         B) Untreated LDL-C ≥ 160 mg/dL before 20 years of age
      ii. The member meets one (1) of the following physical signs of familial hypercholesterolemia **(A) through D))**:
         A) corneal arcus prior to 45 years of age
         B) tendon xanthoma
         C) tuberous xanthoma
         D) xanthelasma
   c. The member meets one (1) of the following criteria **(i., ii., or iii.)**:
      i. WHO criteria/Dutch Lipid Clinical Network score > 8 points
      ii. Familial hypercholesterolemia possibility of "definite" based on the Simon Broome register
      iii. Familial hypercholesterolemia possibility of "definite" on the Make Early Diagnosis to Prevent Early Deaths (MEDPED) tool
3. *Prior to the start of Praluent or Repatha therapy*, the member met one (1) of the following **(a. through d.):**
   a. The member had a current LDL-C ≥ 70 mg/dL.
   b. The member had a current non-HDL-C ≥ 100 mg/dL.
   c. The member met the criteria for very high-risk (see **Table 1**: history of multiple major ASCVD events or one (1) major ASCVD event and multiple high-risk conditions) and met one (1) of the following **(i. or ii.):**
      i. LDL-C ≥ 55 mg/dL
      ii. Non-HDL-C ≥ 85 mg/dL
   d. The member had a < 50% reduction in baseline LDL-C despite use with maximally tolerated statin therapy
4. If the member is 17 years of age or younger, the member will continue to receive concurrent lipid-lowering therapies for the treatment of HeFH.
5. The member has experienced a reduction in LDL-C from baseline.

III. Hypercholesterolemia with ASCVD (ICD-10: E78.5)

A. **Initiation (< 6 months of therapy)**
When a benefit, coverage of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 5.)**:

1. The member is 18 years of age or older.
2. The member has a diagnosis of ASCVD, substantiated by one (1) of the following **(a. through g.)**:
   a. Acute coronary syndrome
   b. Coronary or other arterial revascularization
   c. History of myocardial infarction

d. History of stroke
e. History of transient ischemic attack
f. Peripheral arterial disease presumed to be of atherosclerotic origin (including descending thoracic and abdominal aortic aneurysm)
g. Stable or unstable angina

3. The member meets one (1) of the following criteria **(a. or b.)**:
   a. The member has experienced therapeutic failure to a maximally tolerated statin.
   b. The member is statin intolerant defined as one (1) of the following **(i. or ii.)**:
      i. While receiving at least two (2) separate trials of different statins, the member experienced one (1) of the following **(A) or B))**:
         A) Statin related rhabdomyolysis, which resolved upon discontinuation of the statins
         B) Skeletal-related muscle symptoms, which resolved upon discontinuation of the statins
      ii. The member experienced one (1) of the following during any course of statin therapy **(A), B), or C))**:
         A) Creatinine kinase (CK) increase to 10 times ULN
         B) Liver function tests (LFTs) increase to 3 times ULN
         C) Hospitalization due to severe statin-related adverse event (for example, rhabdomyolysis)
4. The member meets one (1) of the following criteria **(a. through d.):**
   a. The member has a current LDL-C ≥ 70 mg/dL.
   b. The member has a current non-HDL-C ≥ 100 mg/dL.
   c. The member meets the criteria for very high-risk (see **Table 1**: history of multiple major ASCVD events or one (1) major ASCVD event and multiple high-risk conditions) and meets one (1) of the following **(i. or ii.):**
      i. LDL-C ≥ 55 mg/dL
      ii. Non-HDL-C ≥ 85 mg/dL
   d. The member had a < 50% reduction in baseline LDL-C despite use with maximally tolerated statin therapy.
5. If the request is for Praluent, the member has experienced therapeutic failure or intolerance to plan-preferred Repatha.

B. Maintenance (≥ 6 months of therapy)

When a benefit, reauthorization of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 4.)**:

1. The member is 18 years of age or older.
2. The member has a diagnosis of ASCVD, substantiated by one (1) of the following **(a. through g.)**:
   a. Acute coronary syndrome
   b. Coronary or other arterial revascularization
   c. History of myocardial infarction
   d. History of stroke
   e. History of transient ischemic attack
   f. Peripheral arterial disease presumed to be of atherosclerotic origin (including descending thoracic and abdominal aortic aneurysm)
   g. Stable or unstable angina
3. *Prior to the start of Praluent or Repatha therapy,* the member met one (1) of the following **(a. through d.):**
   a. The member had a current LDL-C ≥ 70 mg/dL.
   b. The member had a current non-HDL-C ≥ 100 mg/dL.
   c. The member met the criteria for very high-risk (see **Table 1**: history of multiple major ASCVD events or one (1) major ASCVD event and multiple high-risk conditions) and met one (1) of the following **(i. or ii.):**
      i. LDL-C ≥ 55 mg/dL
      ii. Non-HDL-C ≥ 85 mg/dL

d. The member had a < 50% reduction in baseline LDL-C despite use with maximally tolerated statin therapy

4. The member meets one (1) of the following criteria **(a. or b.):**
   - **a.** The member has experienced at least a 30% reduction in LDL-C from baseline.
   - **b.** The member has a documented LDL-C < 70 mg/dL.

IV. Primary Hyperlipidemia, Not Associated with ASCVD, HeFH, or HoFH (ICD-10: E78.5)

A. Initiation (< 6 months of therapy)

When a benefit, initial authorization of Praluent and Repatha may be approved when all of the following criteria are met **(1. through 6.)**:

1. The member is 18 years of age or older.
2. The member has a diagnosis of primary hyperlipidemia not associated with ASCVD, HeFH or HoFH.
3. The member meets one (1) of the following **(a. or b.):**
   - **a.** The member has a coronary artery calcium or calcification (CAC) score ≥ 1,000 Agatston units.
   - **b.** The member has a baseline untreated LDL ≥ 190 mg/dL.
4. The member meets one (1) of the following criteria **(a. or b.)**:
   - **a.** The member has experienced therapeutic failure to a maximally tolerated statin.
   - **b.** The member is statin intolerant defined as one (1) of the following **(i. or ii.)**:
     - **i.** While receiving at least two (2) separate trials of different statins, the member experienced one (1) of the following **(A) or B))**:
       - **A)** Statin related rhabdomyolysis, which resolved upon discontinuation of the statins
       - **B)** Skeletal-related muscle symptoms, which resolved upon discontinuation of the statins
     - **ii.** The member experienced one (1) of the following during any course of statin therapy **(A), B), or C))**:
       - **A)** Creatinine kinase (CK) increase to 10 times ULN
       - **B)** Liver function tests (LFTs) increase to 3 times ULN
       - **C)** Hospitalization due to severe statin-related adverse event (for example, rhabdomyolysis)
5. The member meets one (1) of the following criteria **(a., b., or c.):**
   - **a.** The member has a current LDL-C ≥ 70 mg/dL.
   - **b.** The member has a current non-HDL-C ≥ 100 mg/dL.
   - **c.** The member had a < 50% reduction in baseline LDL-C despite use with maximally tolerated statin therapy.
6. If the request is for Praluent, the member has experienced therapeutic failure or intolerance to plan-preferred Repatha.

B. Maintenance (≥ 6 months of therapy)

When a benefit, reauthorization of Praluent or Repatha may be approved when all of the following criteria are met **(1. through 5.)**:

1. The member is 18 years of age or older.
2. The member has a diagnosis of primary hyperlipidemia not associated with ASCVD, HeFH or HoFH.
3. *Prior to the start of Praluent or Repatha therapy*, the member met one (1) of the following **(a. or b.):**
   - **a.** The member had a coronary artery calcium or calcification (CAC) score ≥ 1,000 Agatston units.
   - **b.** The member had a baseline untreated LDL ≥ 190 mg/dL.
4. *Prior to the start of Praluent or Repatha therapy*, the member met one (1) of the following **(a., b., or c.):**
   - **a.** The member had a current LDL-C ≥ 70 mg/dL .
   - **b.** The member had a current non-HDL-C ≥ 100 mg/dL.

   c. The member had a < 50% reduction in baseline LDL-C despite use with maximally tolerated statin therapy.

5. The member meets one (1) of the following criteria **(a. or b.):**
   a. The member has experienced at least a 30% reduction in LDL-C from baseline.
   b. The member has an LDL-C < 70 mg/dL.

V. Quantity Level Limitation
When prior authorization is approved, Repatha may be authorized in quantities as follows:

Drug	Coded Quantity Limit	Approvable Reason for Quantity Limit Override	Approvable Override Quantity Limit
Repatha Pushtronex 420 mg/3.5 mL	1 unit per 23 days or 3 units per 69 days	Diagnosis of HoFH with a dosage of 420 mg every 2 weeks	2 units per 23 days or 6 units per 69 days

Coding of quantity level limitations is at the maintenance level. Claims for quantities of Repatha that require dose adjustments may reject at point of sale. Patient Level Authorization (PLA) will be needed for authorized quantities requiring Repatha dosage adjustments.

V. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. The member is not using Praluent or Repatha in combination with another PCSK9 inhibitor or small interfering ribonucleic acid (siRNA) directed to PCSK9.
II. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.
III. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

Initial Authorization

- Commercial and HCR Plans: If approved, up to a 6 month authorization may be granted.
  - *For Delaware Commercial fully-insured and ACA members, a 12 month authorization must be granted pursuant to 18 Del. C. §§3376(a) and 3586(a) and market conduct examination docket #5467 (Exam Authority #53287-22-701)..*

Reauthorization

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:
1. Praluent [package insert]. Bridgewater, NJ: Sanofi-Aventis and Regeneron Pharmaceuticals, Inc.; March 2024.

2. Repatha [package insert]. Thousand Oaks, CA: Amgen Inc.; November 2024.
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