Clinical Policy: Alirocumab (Praluent)

Reference Number: CP.PHAR.124
Effective Date: 10/15
Last Review Date: 10/17
Line of Business: Medicaid

Revision Log

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

Description

Alirocumab (Praluent™) is a PCSK9 (proprotein convertase subtilisin kexin type 9) inhibitor antibody.

FDA Approved Indication(s)

Praluent is indicated for as adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease, who require additional lowering of low-density lipoprotein (LDL)-cholesterol (LDL-C).

Limitation of use: The effect of Praluent on cardiovascular morbidity and mortality has not been determined

Policy/Criteria

Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

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

I. Initial Approval Criteria

A. Heterozygous Familial Hypercholesterolemia and Atherosclerotic Cardiovascular Disease (must meet all)**:**

1. Prescribed by or in consultation with a cardiologist, endocrinologist or lipid specialist;
2. Age is ≥ 18 years;
3. Diagnosis of one of the following (a or b):
   a. Heterozygous familial hypercholesterolemia (HeFH) defined as a World Health Organization (WHO)/Dutch Lipid Network familial hypercholesterolemia diagnostic criteria score of > 8 as determined by requesting provider (Appendix B);
   b. Atherosclerotic cardiovascular disease (ASCVD) as evidenced by a history of any of the following conditions (i, ii, iii, iv or v):
      i. Myocardial infarction;
      ii. Stable or unstable angina;
      iii. Nonhemorrhagic stroke or transient ischemic attack;
      iv. Coronary or other arterial revascularization;
      v. Peripheral arterial disease presumed to be of atherosclerotic origin;

4. Recent (within the last 30 days) LDL-C ≥ 70mg/dL;
5. Member has received a high intensity statin (Appendix C) adherently for at least the last 4 months, unless one of the following applies (a, b, or c):
   a. Statin therapy is contraindicated per Appendix D;
   b. Member has received a moderate intensity statin (Appendix C) adherently for at least the last 4 months due to (i or ii):
      i. Intolerance to two high intensity statins;
      ii. A statin risk factor (Appendix E);
   c. Member is unable to take a high or moderate intensity statin due to (i or ii):
      i. Intolerance to two high and two moderate intensity statins;
      ii. A statin risk factor (Appendix E) and history of intolerance to two moderate intensity statins;
6. Member has received Zetia therapy adherently for at least the last 4 months, unless contraindicated per Appendix D or a history of Zetia intolerance (e.g., associated diarrhea or upper respiratory tract infection);
7. Member has received counseling on therapeutic lifestyle changes (i.e., heart healthy diet; regular exercise; avoidance of tobacco products; maintenance of a healthy weight);
8. Treatment plan does not include coadministration with Juxtapid (lomitapid), Kynamro (mipomersen), or Repatha (evolocumab);
9. Request is for Praluent 75 mg every 2 weeks or 300mg every month.

Approval duration: 3 months

B. Other diagnoses/indications

1. Refer to CP.PHAR.57 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Heterozygous Familial Hypercholesterolemia and Atherosclerotic Cardiovascular Disease Primary Hyperlipidemia (must meet all)**:**

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Meets (a or b):
   a. Request is for 75 mg every 2 weeks and lab results within the last 3 months are submitted showing an LDL-C reduction since initiation of Praluent therapy;
   b. Request is for 150 mg every 2 weeks and (i or ii):
      i. If request represents a new dose increase, member has demonstrated adherence to Praluent and, if applicable, Zetia and/or statin therapies, and lab results within the last 3 months are submitted showing an LDL-C > 70 mg/dL after a minimum of 8 weeks of Praluent therapy at 75 mg;
      ii. If request represents a continuation of Praluent 150 mg, lab results within the last 3 months are submitted showing an LDL-C reduction since initiation of the Praluent dose increase;

Approval duration: 12 months *(3 months if request is for dose increase)*

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 CP.PHAR.57 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

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 policy – CP.PHAR.57 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

apoB: apolipoprotein B
ACC/AHA: American College of Cardiology/American Heart Association
ALT: Alanine transaminase
ASCVD: atherosclerotic cardiovascular disease
CVD: cardiovascular disease
FDA: Food and Drug Administration
FH: familial hypercholesterolemia
HeFH: heterozygous familial hypercholesterolemia
LDL-C: low density lipoprotein cholesterol
LDLR: low density lipoprotein receptor
PCSK9: proprotein convertase subtilisin kexin 9
ULN: upper limit of normal

Appendix B: 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 (0, 1, 3, 5 or 8)
LDL-C 250 – 329 mg/dL (6.5 – 8.4)	5	
LDL-C 190 – 249 mg/dL (5.0 – 6.4)	3	
LDL-C 155 – 189 mg/dL (4.0 – 4.9)	1	
DNA Analysis		

Functional mutation in the *low density lipoprotein receptor (LDLR), apo B* or *PCSK9* gene	8	Place highest score here (0 or 8)
TOTAL SCORE	Definite FH: >8	Place score total 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.

Appendix C: 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 10-20mg
  - Fluvastatin XL 80 mg
  - Fluvastatin 40 mg 2x/day
  - Lovastatin 40 mg
  - Pitavastatin 2-4 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
  - Pitavastatin 1 m

Appendix D: Statin and Zetia 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;
- Zetia
  - Moderate or severe hepatic impairment [Child-Pugh classes B and C];
  - Hypersensitivity to Zetia (e.g., anaphylaxis, angioedema, rash, urticaria).

Appendix E: Statin Risk Factors

- Multiple or serious comorbidities, including impaired renal or hepatic function;
- Unexplained alanine transaminase (ALT) elevations > 3 times upper limits of normal (ULN), or active liver disease;
- Concomitant use of drugs adversely affecting statin metabolism;
- Age > 75 years, or history of hemorrhagic stroke;

- Asian ancestry.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Hypercholesterolemia	75 mg SC once every 2 weeks Or 300 mg SC once every 4 weeks If response to 75 mg is inadequate, dose may be increased to 150 mg once every 2 weeks	150 mg every 2 weeks

VI. Product Availability

Single-use pre-filled pen, syringe: 75 mg/mL, 150 mg/mL

VII. References

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3. Stone NJ, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. November 2013. DOI: 10.1161/01.cir.0000437738.63853.7a
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Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	09/15	10/15
Converted policy to new template. Added examples of Zetia intolerance. Incorporated ASCVD and therapeutic lifestyle changes appendices into the criteria. Combined Zetia and statin contraindications (App D) and added nursing as a contraindication. Statin risk factors are listed at App E. Added scoring instructions to the Dutch criteria appendix. Modified renewal duration to 12 months. Added requirement for the use of statin and Zetia therapy for the last 4 months.	10/16	10/16
Modified the definition of ASCVD to include history of nonhemorrhagic stroke or transient ischemic attack. Safety criteria was applied according to the safety guidance discussed at CPAC and endorsed by Centene Medical Affairs.	09/17	10/17

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.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.