Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Evolocumab (REPATHA)

Non-formulary evolocumab (REPATHA) will be covered on the prescription drug benefit when the following criteria are met:

Clinical ASCVD (examples include: heart attack or stroke)
* Prescribed by a cardiologist or an endocrinologist
* Age 40 to 85 years
* Receiving cholesterol lowering medications for at least 3 months including ezetimibe AND *statin therapy
* Statin adherence rate of greater than or equal to 85% that is verified from PST or pharmacy dispensing history
* Inadequate LDL reduction based on the statin intensity
* LDL greater than or equal to 70 mg/dL on statin therapy

**New members stable on evolocumab for at least 4 weeks or longer:
  • Receiving ezetimibe 10 mg/day unless patient suffered from recurrent ASCVD events
  • LDL decreased by ≥ 50% on evolocumab compared to pre-evolocumab levels

Heterozygous Familial Hypercholesterolemia (HeFH) or Homozygous Familial Hypercholesterolemia (HoFH)
* Prescribed by a cardiologist or an endocrinologist
* Age greater than or equal to 13 years for HoFH or 18 years for HeFH
* Not receiving LDL apheresis
* Receiving cholesterol lowering medications for at least 3 months including ezetimibe AND *statin therapy
* Statin adherence rate of greater than or equal to 85% that is verified from PST or pharmacy dispensing history
* LDL greater than or equal to 190 mg/dL within the last 3 months on statin and ezetimibe

**New members stable on evolocumab for at least 4 weeks or longer:
  • In addition to above criteria: LDL decreased by greater than or equal to 20% for HoFH or 50% for HeFH on evolocumab compared to pre-evolocumab levels

ASCVD=atherosclerotic cardiovascular disease; LDL=low-density lipoproteins; PST=patient support tool

*Statin Therapy:
* Maximum dose of high intensity statin
* Maximally tolerated dose equivalent to atorvastatin 20 mg/day with documentation of trials and intolerance of both atorvastatin and rosvastatin
* Drug interaction precluding the use of atorvastatin 80 mg/day AND rosuvastatin 40 mg/day and the dose is at minimum equivalent to atorvastatin 20 mg/day