

Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Evolocumab (Repatha)

Notes:

- Quantity limits: Yes
- *ASCVD=atherosclerotic cardiovascular disease; LDL=low-density lipoproteins; PST=patient support tool*

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 $\geq 50\%$ 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 100 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

***Statin Therapy:**

- * Maximum dose of high intensity statin

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Effective: 11/07/19

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Kaiser Foundation Health Plan of the Northwest

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- * Maximally tolerated dose equivalent to atorvastatin 20 mg/day with documentation of trials and intolerance of both atorvastatin and rosuvastatin
- * 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

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