Mass General Brigham
Health Plan

PCSK9 Inhibitors:
Praluent (alirocumab)
Repatha (evolocumab)
Effective 09/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Praluent (alirocumab) and Repatha (evolumab) are proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitors.

Praluent is indicated:

- **Prevention of CV Events in Established CVD:** To reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with established cardiovascular disease
- **Primary Hyperlipidemia:** 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
- **Heterozygous Familial Hypercholesterolemia in Children ≥ 8 y.o.:** 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
- **Homozygous Familial Hypercholesterolemia in Adults:** As an adjunct to other LDL-C-lowering therapies in adult patients with homozygous familial hypercholesterolemia (HoFH) to reduce LDL-C

Repatha is indicated:

- **Prevention of CV Events in Established CVD:** To reduce the risk of major CV events (CV death, myocardial infarction, stroke, unstable angina requiring hospitalization, or coronary revascularization) in adults with established CVD
- **Primary Hyperlipidemia:** As adjunct to diet, alone or in combination with other LDL-C-lowering therapies, in adults with primary hyperlipidemia, including HeFH, to reduce LDL-C
- **Heterozygous Familial Hypercholesterolemia in Children ≥ 10 y.o.:** 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
- **Homozygous Familial Hypercholesterolemia (HoFH) in Patients ≥ 10 y.o.:** 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

Coverage Guidelines
Authorization may be granted for members who are new to the plan within the past 90 days currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program
OR
Authorization may be granted when ALL the following diagnosis-specific criteria are met:

<u>Praluent</u>
Primary Hyperlipidemia (heterozygous familial hypercholesterolemia [HeFH], atherosclerotic cardiovascular disease [ASCVD], secondary prevention of ASCVD)

1. Member meets ONE of the following:
    a. BOTH of the following:
        i. Diagnosis of familial hypercholesterolemia (HeFH)
        ii. Member is 8 years of age or older
    b. Diagnosis of atherosclerotic cardiovascular disease (ASCVD)
    c. Diagnosis of primary hyperlipidemia
2. ONE of the following:
    a. Member has been receiving at least 12 consecutive weeks of highest tolerable dose of statin therapy
    b. Member is statin intolerant as evidenced by inability to tolerate at least two statins, with at least one started at the lowest starting daily dose, due to intolerable symptoms or clinically significant biomarker changes of liver function or muscle function (e.g., creatine kinase)
    c. Member has contraindication to all statins
3. ONE of the following:
    a. ONE of the following while on maximally tolerated lipid-lowering therapy (e.g, statins) within the past 120 days:
        i. Member requires greater than or equal to 25% LDL-C reduction to achieve goal
        ii. Member has LDL-C greater than or equal to 70 mg/dL WITH ASCVD
        iii. Member has LDL-C greater than or equal to 100 mg/dL WITHOUT ASCVD
    b. BOTH of the following:
        i. Member has been receiving PCSK9 therapy as adjunct to maximally tolerated lipid lowering therapy (e.g., statins, ezetimibe)
        ii. LDL-C values drawn within the past 12 months while on maximally tolerated lipid lowering therapy is within normal limits

Homozygous Familial Hypercholesterolemia

1. Diagnosis of homozygous familial hypercholesterolemia (HoFH)
2. Diagnosis of HoFH is confirmed by ONE of the following:
    a. Genetic confirmation of two mutations in the LDL receptor, ApoB, PCSK9, or LDL receptor adaptor protein 1 (i.e., LDLRAP1 or ARH)
    b. BOTH of the following:
        i. Untreated LDL-C greater than 400 mg/dL
        ii. ONE of the following:
            1. Xanthoma before 10 years of age
            2. Evidence of heterozygous familial hypercholesterolemia (HeFH) in both parents
3. ONE of the following:
    a. Member is receiving other lipid-lowering therapy (e.g., statin, ezetimibe)

b. Member is unable to take other lipid-lowering therapy (e.g., statin, ezetimibe)

Repatha

Primary Hyperlipidemia (heterozygous familial hypercholesterolemia [HeFH], atherosclerotic cardiovascular disease [ASCVD], secondary prevention of ASCVD)

1. Member meets ONE of the following:
    a. BOTH of the following:
        i. Diagnosis of heterozygous familial hypercholesterolemia (HeFH)
        ii. Member is 10 years of age or older
    b. Diagnosis of atherosclerotic cardiovascular disease (ASCVD)
    c. Diagnosis of primary hyperlipidemia
2. ONE of the following:
    a. Member has been receiving at least 12 consecutive weeks of highest tolerable dose of statin therapy
    b. Member is statin intolerant as evidenced by inability to tolerate at least two statins, with at least one started at the lowest starting daily dose, due to intolerable symptoms or clinically significant biomarker changes of liver function or muscle function (e.g., creatine kinase)
    c. Member has a contraindication to all statins
3. ONE of the following:
    a. ONE of the following while on maximally tolerated lipid-lowering therapy (e.g., statins) within the last 120 days:
        i. Member requires greater than or equal to 25% LDL-C reduction to achieve goal
        ii. Member has LDL-C greater than or equal to 70 mg/dL WITH ASCVD
        iii. Member has LDL-C greater than or equal to 100 mg/dL WITHOUT ASCVD
    b. BOTH of the following:
        i. Member has been receiving PCSK9 therapy as adjunct to maximally tolerated lipid-lowering therapy (e.g., ezetimibe, statins)
        ii. LDL-C values drawn within the past 12 months while on maximally tolerated lipid lowering therapy is within normal limits
4. Trial and failure, intolerance, or contraindication to Praluent

Homozygous Familial Hypercholesterolemia

1. Diagnosis of homozygous familial hypercholesterolemia (HoFH)
2. Diagnosis of HoFH is confirmed by ONE of the following:
    a. Genetic confirmation of two mutations in the LDL receptor, ApoB, PCSK9, or LDL receptor adaptor protein 1 (i.e., LDLRAP1 or ARH)
    b. BOTH of the following:
        i. Untreated LDL-C greater than 400 mg/dL
        ii. ONE of the following:
            1. Xanthoma before 10 years of age
            2. Evidence of heterozygous familial hypercholesterolemia (HeFH) in both parents
3. ONE of the following:
    a. Member is receiving other lipid-lowering therapy (e.g., statin, ezetimibe)
    b. Member is unable to take other lipid-lowering therapy (e.g., statin, ezetimibe)
4. ONE of the following:
    a. Member is less than 18 years of age
    b. Trial and failure, intolerance, or contraindication to Praluent

Continuation of Therapy

Requests for reauthorization will be approved when all of the following diagnosis-specific criteria are met:

Primary Hyperlipidemia (heterozygous familial hypercholesterolemia [HeFH], atherosclerotic cardiovascular disease [ASCVD], secondary prevention of ASCVD)

1. Member demonstrates positive clinical response to therapy as evidenced by reduction in LDL-C levels from baseline
2. ONE of the following:
    a. Member continues to receive other lipid-lowering therapy (e.g., statins, ezetimibe) at the maximally tolerated dose
    b. Member is unable to take other lipid-lowering therapy (e.g., statins, ezetimibe)

Homozygous Familial Hypercholesterolemia (HoFH)

1. Member demonstrates positive clinical response to therapy as evidenced by a reduction in LDL-C levels from baseline
2. ONE of the following:
    a. Member continues to receive other lipid-lowering therapy (e.g., statin, ezetimibe)
    b. Member is unable to take other lipid-lowering therapy (e.g., statin, ezetimibe)

Limitations

1. Initial approvals are granted for 6 months
2. Reauthorizations are granted for 12 months

References

1. El Shahawy M, Cannon CP, Blom DJ, et al. Efficacy and safety of alirocumab versus ezetimibe over 2 years (from ODYSSEY COMBO II). *Am J Cardiol*. 2017;120(6):931-939.
2. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al; Writing Committee. 2016 ACC expert consensus decision pathway on the role of non-statin therapies for LDL-cholesterol lowering in the management of atherosclerotic cardiovascular disease risk: a report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents. *J Am Coll Cardiol*. 2016;68(1):92-125
3. Nissen SE, Stroes E, Dent-Acosta RE, et al; GAUSS-3 Investigators . Efficacy and tolerability of evolocumab vs ezetimibe in patients with muscle-related statin intolerance: the GAUSS-3 randomized clinical trial. *JAMA*. 2016;315(15):1580-1590
4. Praluent (alirocumab) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; March 2024.
5. Repatha (evolocumab) [prescribing information]. Thousand Oaks, CA: Amgen Inc; November 2024.
6. Sabatine MS, Giugliano RP, Keech AC, et al: FOURIER Steering Committee and Investigators. Evolocumab and clinical outcomes in patients with cardiovascular disease. *N Engl J Med*. 2017;376(18):1713-1722. 10.1056/NEJMoa1615664

Review History

12/01/15 – Implemented
09/2015 – Reviewed
09/19/16 – Reviewed
09/18/17 – Reviewed
09/24/18 – Updated
06/16/19 – Added MD attestation
09/18/19 – New indication of prevention of CV events for Praluent

12/05/19 – Removed Specialty Medication language
11/17/2021 – Reviewed and Updated for Nov P&T; Repatha moves to non-preferred for 1/1/2022 implementation. Effective 01/01/2022
05/18/2022 – Reviewed and Updated for May P&T; reworded Repatha for criteria Previous use of Praluent is required except for the diagnosis of patients aged 10 years and older with heterozygous familial hypercholesterolemia (HeFH) and homozygous familial hypercholesterolemia (HoFH).
05/14/2025 – Reviewed and updated at May P&T. Updated initial criteria for primary hyperlipidemia, HeFH, and ASCVD to require diagnosis; trial and failure for at least 12 weeks with highest tolerable statin dose, intolerance to at least two statins, or contraindication to all statins; specified baseline LDL level while on statin therapy or allowing for approval if member has been on PCSK9 in adjunct with statins or ezetimibe and LDL within the past 12 months indicates the member's LDL is within normal limits. Updated criteria for HoFH to require diagnosis confirmed by either genetic mutations or untreated LDL greater than 400 mg/dL and either xanthoma before 10 y.o. or evidence of HeFH in both parents; member is taking lipid-lowering therapy or member is unable to take lipid-lowering therapy; and member is 10 years of age or older. Updated reauthorization criteria for all diagnoses to require reduction of LDL from baseline; member continues to take lipid-lowering therapy or is unable to take lipid-lowering therapy. Updated initial approval length from 3 months to 6 months. Effective 09/01/2025.