Clinical Policy: Lipotropics, Other

Reference Number: PHW.PDL.055
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Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Other Lipotropics are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Lipotropics, Other

A. Prescriptions That Require Prior Authorization

Prescriptions for Lipotropics, Other that meet any of the following conditions must be prior authorized:

1. A non-preferred Lipotropic, Other.
2. A Lipotropic, Other with a prescribed quantity that exceeds the quantity limit.
3. A proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor (e.g., Leqvio [inclisiran], Praluent [alirocumab], Repatha [evolocumab]).
4. An adenosine triphosphate-citrate lyase (ACL) inhibitor (e.g., Nexletol [bempedoic acid], Nexlizet [bempedoic acid/ezetimibe]).
5. A microsomal triglyceride transfer protein (MTP) inhibitor (e.g., Juxtapid [lomitapide]).
6. An angiopoietin-like 3 (ANGPTL3) inhibitor (e.g., Evkeeza [evinacumab]).

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Lipotropic, Other, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. Is prescribed the requested Lipotropic, Other for the treatment of a diagnosis that is indicated in the U.S. Food and Drug Administration (FDA)-approved package labeling or a medically accepted indication; AND

2. Is prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; AND

3. Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; AND

4. Does not have a contraindication to the prescribed medication; AND

5. For treatment of a lipid disorder, has documentation of results of a lipid profile within 3 months prior to the request for the Lipotropic, Other; AND

6. For a PCSK9 inhibitor, **all** of the following:

    a. Has a history of **one** of the following:

        i. Failure to achieve goal LDL-C or percentage reduction of LDL-C while adherent to treatment with the maximally tolerated dose of a high-intensity statin for ≥3 months,

        ii. **Both** of the following:

            a) A temporally related intolerance[1] to 2 high-intensity statins that occurred after **both** of the following:

                (i) Modifiable comorbid conditions that may enhance statin intolerance were ruled out and/or addressed by the prescriber as clinically indicated (e.g., hypothyroidism, vitamin D deficiency)

                (ii) All possible drug interactions with statins were addressed by all of the following (if clinically appropriate):

                a. Dose decrease of the interacting non-statin drug,
                b. Discontinuation of the interacting non-statin drug,
                c. Change to an alternative statin that has a lower incidence of drug interactions

            b) **One** of the following:

                (i) Therapeutic failure while adherent to treatment for ≥3 consecutive months-with the lowest FDA-approved daily dose or alternate-day dosing of any statin
                (ii) A temporally related intolerance to the lowest FDA-approved daily dose or alternate-day dosing of any statin,

[1] Temporally related intolerance of a statin is defined as the occurrence of symptoms and/or lab abnormalities upon initiation of a statin, resolution of symptoms and/or lab abnormalities upon discontinuation of a statin, and recurrence of symptoms and/or lab abnormalities after rechallenge with the same statin at the same dose.

iii. A contraindication to statins,

b. Has **one** of the following:

i. A history of therapeutic failure of while adherent to treatment with ezetimibe in combination with the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate) for ≥3 consecutive months,
ii. A contraindication or an intolerance to ezetimibe,
iii. An LDL-C that is >25% above goal LDL-C while adherent to treatment with the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate) for ≥3 consecutive months,

c. Is prescribed the requested PCSK9 inhibitor in addition to **one** of the following:

i. For treatment of homozygous familial hypercholesterolemia (HoFH), standard lipid-lowering treatments as recommended by current consensus guidelines[2]
ii. For treatment of all other conditions, the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate),

d. If currently using a different PCSK9 inhibitor, will discontinue use of that PCSK9 inhibitor prior to starting the requested PCSK9 inhibitor,

e. For a non-preferred PCSK9 inhibitor, has **one** of the following:

i. A history of therapeutic failure of at least 1 preferred PCSK9 inhibitor approved or medically accepted for the member's diagnosis
ii. A contraindication or an intolerance to the preferred PCSK9 inhibitors approved or medically accepted for the member's diagnosis;

AND

7. For an ACL inhibitor, **all** of the following:

a. Has a history of **one** of the following:

i. Failure to achieve goal LDL-C or percentage reduction of LDL-C while adherent to treatment with the maximally tolerated dose of a high-intensity statin for ≥3 months,

ii. **Both** of the following:

[2] e.g., American Heart Association/American College of Cardiology, American Association of Clinical Endocrinologists/American College of Endocrinology, American Diabetes Association, National Lipid Association, European Society of Cardiology/European Atherosclerosis Society, International Familial Hypercholesterolaemia Foundation, International Atherosclerosis Society

a) A temporally related intolerance to 2 high-intensity statins that occurred after **both** of the following:

(i) Modifiable comorbid conditions that may enhance statin intolerance were ruled out and/or addressed by the prescriber as clinically indicated (e.g., hypothyroidism, vitamin D deficiency)

(ii) All possible drug interactions with statins were addressed by **all** of the following (if clinically appropriate):

a. Dose decrease of the interacting non-statin drug,
b. Discontinuation of the interacting non-statin drug,
c. Change to an alternative statin that has a lower incidence of drug interactions

b) **One** of the following:

(i) Therapeutic failure while adherent to treatment for ≥3 consecutive months with the lowest FDA-approved daily dose or alternate-day dosing of any statin
(ii) A temporally related intolerance to the lowest FDA-approved daily dose or alternate-day dosing of any statin,

iii. A contraindication to statins,

b. Has **one** of the following:

i. A history of therapeutic failure of while adherent to treatment with ezetimibe in combination with the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate) for ≥3 consecutive months
ii. A contraindication or an intolerance to ezetimibe,

c. Is prescribed the requested ACL inhibitor in addition to the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate),

d. If currently taking simvastatin or pravastatin, will not be using the requested ACL inhibitor concomitantly with simvastatin at a dose of >20 mg daily or pravastatin at a dose of >40 mg daily;

AND

8. For an ANGPTL3 inhibitor or MTP inhibitor, **all** of the following:

a. Is prescribed the requested medication by or in consultation with a cardiologist, endocrinologist, or other provider specializing in lipid disorders,

b. For treatment of HoFH, has a diagnosis of HoFH in accordance with current consensus guidelines,

c. **One** of the following:

i. Has a history of therapeutic failure of or a contraindication or an intolerance to PCSK9 inhibitors
ii. Is homozygous for LDL receptor (LDLR)-negative mutations (i.e., has LDLR-negative mutations in both alleles) associated with LDLR activity below 2%,

d. Is prescribed the requested medication in addition to standard lipid-lowering treatments as recommended by current consensus guidelines;

AND

9. For icosapent ethyl, **all** of the following:

a. **One** of the following:

i. Has a history of clinical ASCVD,

ii. **Both** of the following:

a) Has diabetes mellitus
b) Has 2 additional ASCVD risk factors (e.g., age ≥50 years, cigarette smoking, hypertension, HDL-C ≤40 mg/dL for males or ≤50 mg/dL for females, hs-CRP >3.00 mg/L, CrCl <60 mL/min, retinopathy, micro- or macroalbuminuria, ABI <0.9]),

iii. Has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the member's diagnosis,

b. Has fasting triglycerides ≥150 mg/dL,

c. Has **one** of the following:

i. A history of therapeutic failure of while adherent to treatment with maximally tolerated doses of 2 different statins for ≥3 consecutive months each,
ii. A history of statin intolerance after modifiable risk factors have been addressed,
iii. A contraindication to statins;

AND

10. For all other non-preferred Lipotropics, Other, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the member's diagnosis; AND

11. If a prescription for a Lipotropic, Other is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override

    NOTE: If the member does not meet the clinical review guidelines but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

FOR RENEWALS OF PRIOR AUTHORIZATION FOR LIPOTROPICS, OTHER: The determination of medical necessity of a request for renewal of a prior authorization for a Lipotropic, Other that was previously approved will take into account whether the member:

1. Has documentation of a positive clinical response demonstrated by lab test results, if appropriate for the diagnosis, since starting the requested medication (e.g., decreased LDL-C, decreased triglycerides, etc.); **AND**

2. Is prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; AND

3. Does not have a contraindication to the prescribed medication; AND

4. For a PCSK9 inhibitor, is using the requested PCSK9 inhibitor in addition to **one** of the following:

    a. For treatment of HoFH, standard lipid-lowering treatments as recommended by current consensus guidelines[3]
    b. For treatment of all other conditions, the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate);

    AND

5. For an ACL inhibitor, **both** of the following:

    a. Is using the requested ACL inhibitor in addition to the maximally tolerated dose of the highest-tolerated intensity statin (if clinically appropriate)

[3] e.g., American Heart Association/American College of Cardiology, American Association of Clinical Endocrinologists/American College of Endocrinology, American Diabetes Association, National Lipid Association, European Society of Cardiology/European Atherosclerosis Society, International Familial Hypercholesterolaemia Foundation, International Atherosclerosis Society

b. If currently taking simvastatin or pravastatin, is not using the requested ACL inhibitor concomitantly with simvastatin at a dose of >20 mg daily or pravastatin at a dose of >40 mg daily;

AND

6. For an ANGPTL3 inhibitor or MTP inhibitor, **both** of the following:

   a. Is prescribed the requested medication by or in consultation with a cardiologist, endocrinologist, or other provider specializing in lipid disorders
   b. Is using the requested medication in addition to standard lipid-lowering treatments as recommended by current consensus guidelines;

   AND

7. For icosapent ethyl, experienced a decrease in fasting triglycerides since starting icosapent ethyl; AND

8. For all other non-preferred Lipotropics, Other, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Lipotropics, Other approved or medically accepted for the member's diagnosis; AND

9. If a prescription for a Lipotropic, Other is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

   NOTE: If the member does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Lipotropic, Other. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member.

D. Dose and Duration of Therapy

Initial requests will be approved for up to 6 months.
Renewal requests will be approved for up to 12 months.

E. References

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Reviews, Revisions, and Approvals	Date
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Q1 2021: policy revised according to DHS revisions effective 01/05/2021.	11/2020
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