Vascepa
Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Open, FlexRx Closed, GenRx Open and GenRx Closed, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

Program specific denial language for prerequisite step therapy component does not apply. Instead, supplemental program denial language will apply.

FDA APPROVED INDICATIONS AND DOSAGE[1]

Drug	Indication	Dosing and Administration
Vascepa® (icosapent ethyl) capsule	Adjunct to diet to reduce triglyceride (TG) levels in adult patients with severe (≥500 mg/dL) hypertriglyceridemia. Limitations of Use: • The effect of Vascepa on the risk for pancreatitis in patients with severe hypertriglyceridemia has not been determined. • The effect of Vascepa on cardiovascular mortality and morbidity in patients with severe hypertriglyceridemia has not been determined	4 grams daily as four 0.5 gram capsules or two 1 gram capsules twice daily with food.

CLINICAL RATIONALE

Vascepa was studied in the REDUCE-IT phase 3b randomized, double blind, placebo-controlled trial comparing icosapent ethyl 2 grams twice daily with food with placebo that contained mineral oil. Patients could be enrolled if they 45 years of age or older and had established cardiovascular disease. Patients 50 years of age or older who had diabetes mellitus and at least one additional risk factor (see table 1 below) were also enrolled. Eligible patients had a fasting triglyceride level of 135 to 499 mg per deciliter (1.69 to 5.63 mmol per liter) and a low-density lipoprotein (LDL) cholesterol level of 41 to 100 mg per deciliter (1.06 to 2.59 mmol per liter) and had been receiving a stable dose of a statin for at least 4 weeks. The primary efficacy endpoint was a composite of cardiovascular death, nonfatal myocardial infarction (including silent myocardial infarction), nonfatal stroke, coronary revascularization, or unstable angina in a time-to-event analysis. Secondary endpoints included a key endpoint of composite of cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke in a time-to-event analysis; a composite of cardiovascular death or nonfatal myocardial infarction; fatal or nonfatal myocardial infarction; emergency or urgent revascularization; cardiovascular death; hospitalization for unstable angina; fatal or nonfatal stroke; a composite of death from any cause, nonfatal myocardial infarction, or nonfatal stroke; and death from any cause. A total of 8,179 patients were randomized. A primary end-point event occurred in 17.2% of the patients in the icosapent ethyl group, as compared with 22.0% of the patients in the placebo group (hazard ratio, 0.75; 95% confidence interval [CI], 0.68 to 0.83; P<0.001). The corresponding rates of the key secondary endpoint were 11.2% and 14.8% (hazard ratio, 0.74; 95% CI, 0.65 to 0.83; P<0.001). The rates of additional ischemic end points, as assessed according to a prespecified hierarchical schema, were significantly lower in the icosapent ethyl group than in the placebo group, including the rate of cardiovascular death (4.3% vs. 5.2%; hazard ratio, 0.80; 95% CI, 0.66 to 0.98; P = 0.03). A larger percentage of patients in the icosapent ethyl group than in the placebo group were hospitalized for atrial fibrillation or flutter (3.1% vs. 2.1%, P = 0.004).

Serious bleeding events occurred in 2.7% of the patients in the icosapent ethyl group and in 2.1% in the placebo group (P = 0.06).[2]

Table 1. Cardiovascular risk factor[3]

Age ≥55 years for men or ≥65 years for women
Cigarette smoker or stopped smoking within 3 months
Hypertension (≥140 mm Hg systolic or ≥90 mm Hg diastolic) or on antihypertensive medication
HDL-C ≤40 mg/dL for men or ≤50 mg/dL for women
hsCRP >3.00 mg/L
Renal dysfunction CrCl >30 and <60 mL/min
Retinopathy defined as any of the following: nonproliferative retinopathy, preproliferative retinopathy, proliferative retinopathy, maculopathy, advanced diabetic eye disease, or a history of photocoagulation
Micro- or macroalbuminuria

Safety

Vascepa is contraindicated in the following:[1]

- patients with known hypersensitivity (e.g., anaphylactic reaction) to Vascepa or any of its components.

Vascepa has no black box warnings.[1]

References

1. Vascepa prescribing information. Amarin Pharma, Inc. February 2017.
2. Bhatt DL, Steg PG, Miller M, et al. Cardiovascular risk reduction with icosapent ethyl for hypertriglyceridemia. *New England Journal of Medicine*. DOI: 10.1056/NEJMoa1812792. 11/10/2018.
3. Bhatt DL, Steg PG, Brinton EA, et al. Rationale and design of REDUCE-IT: Reduction of Cardiovascular Events with Icosapent Ethyl–Intervention Trial. *Clinical Cardiology.* 2017;40:138-148.

Vascepa Prior Authorization with Quantity Limit

TARGET AGENTS FOR PRIOR AUTHORIZATION AND QUANTITY LIMIT(S)

Brand (generic)	GPI	Multisource Code	Quantity Limit Per Day
Vascepa® (icosapent ethyl)			
0.5 g capsule	39500035100110	M, N, O, Y	8 capsules
1 g capsule	39500035100120	M, N, O, Y	4 capsules

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Target Agents will be approved when ALL of the following is met:

1. ONE of the following:
    a. The patient has a triglyceride (TG) level of ≥500 mg/dL
    OR
    b. The patient has a treated (e.g. with statins) triglyceride (TG) level of 135-499 mg/dL AND ALL of the following:
        i. ONE of the following:
            1. The patient is 45 years of age or greater AND has established cardiovascular disease
            OR
            2. The patient is 50 years of age or greater AND had diabetes mellitus AND at least ONE of the following:
                a. Age ≥55 years for men or ≥65 years for women
                b. Cigarette smoker or stopped smoking within the past 3 months
                c. Hypertension (≥140 mm Hg systolic or ≥90 mm Hg diastolic) or on antihypertensive medication
                d. HDL-C ≤40 mg/dL for men or ≤50 mg/dL for women
                e. hsCRP >3.00 mg/L
                f. Renal dysfunction CrCl >30 and <60 mL/min
                g. Retinopathy defined as any of the following: nonproliferative retinopathy, preproliferative retinopathy, proliferative retinopathy, maculopathy, advanced diabetic eye disease, or a history of photocoagulation
                h. Micro- or macroalbuminuria

        AND

        ii. The patient's most recent treated (e.g. with statin) low-density lipoprotein (LDL) cholesterol level is 41-100 mg/dL
        AND
        iii. The patient is on statin therapy

    AND
2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent
    AND
3. ONE of the following:
    a. The requested quantity (dose) does not exceed the program quantity limit
    OR
    b. ALL of the following:
        i. The requested quantity (dose) is greater than the program quantity limit
        AND
        ii. The requested quantity (dose) does not exceed the FDA maximum labeled dose
        AND

iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit

OR

c. ALL of the following:
   i. The requested quantity (dose) is greater than the program quantity limit
   AND
   ii. The requested quantity (dose) is greater than the maximum FDA labeled dose
   AND
   iii. The prescriber has submitted documentation in support of therapy with a higher dose for the requested indication (must be reviewed by the Clinical Review pharmacist)

Length of approval: 12 months

Step Therapy Supplement

This program applies to FlexRx Closed, FlexRx Open, GenRx Closed, GenRx Open, Health Insurance Marketplace, FocusRx and KeyRx formularies.

Please note, this does not include or apply to quantity limit questions.

STEP THERAPY SUPPLEMENT
OBJECTIVE
The intent of the Step Therapy Supplement is to provide additional questions, to ensure compliance to MN Statute 62Q.184. These questions will apply if the step therapy component within a Prior Authorization or Step Therapy program is not able to be approved.

CONDITIONS FOR APPROVAL
The requested agent will be approved when ONE of the following are met:

1. The patient is currently being treated with the requested agent as indicated by ALL of the following:
    a. A statement by the prescriber that the patient is currently taking the requested agent
    AND
    b. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent
    AND
    c. The prescriber states that a change in therapy is expected to be ineffective or cause harm

    OR
2. The patient's medication history include the required prerequisite/preferred agent(s) as indicated by:
    a. Evidence of a paid claim(s) within the past 999 days
    OR
    b. The prescriber has stated that the patient has tried the required prerequisite/preferred agent(s) in the past 999 days AND the required prerequisite/preferred agent(s) was discontinued due to lack of effectiveness or an adverse event

    OR
3. The prescriber has provided documentation that the required prerequisite/preferred agent(s) cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm

Length of Approval: As per program specific criteria