PCSK9 Inhibitors: Do the FDA-Approved Indications Mandate Lipid Goals?

National Lipid Association (NLA)
2016 Spring Clinical Lipid Update

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Disclosures

- Employee of CVS Health
Agenda

1. Today’s Evolving Health Care Environment
2. Formulary Development & Utilization Management at CVS/caremark
3. Managing PCSK9 Inhibitors with Existing Guidelines
4. Questions

CVS Health Enterprise Assets for Pharmacy Innovation

- More than 9,500 CVS/pharmacy locations
- 1.8M specialty patients
- 8.6M specialty prescriptions annually
- >200K nursing visits annually
- Access to 99% of specialty drug spend
- Specialty Connect™
- ScriptSync™
- Coram, infusion services
- Accordant, rare disease care management
- Novologix, automated claims management

*Based on analysis of 2009 medical and pharmacy claims data, CVS/specialty was able to dispense to more than 99.9% of specialty members accounting for 99.9% of costs, CVS/caremark Enterprise Analytics, 2010. PBM: Pharmacy Benefit Manager.

CVS Health
Specialty Medications Are Key Promoter of Drug Spend Growth

Source: NHE, Artemetrx, CVS Health Internal Analysis, 2015.

Increasing Specialty Drug Prices: Double Digit Growth and Higher Launch Prices

Source: CVS/caremark Specialty Analytics. Annual drug costs based on average wholesale price (AWP) accessed summer 2013. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or one of its affiliates. Source: CVS/specialty 2010-2014 book of business.
PCS9 Inhibitors Can Potentially Have a Significant Impact on the Health Care System

**Up to 7M potential eligible patients by 2020; 400,000 in the first year**

**Priced at $14,000 per patient per year**

**Up to $70B potential annual spend; $4B in the first year**

Low cost statins remain first-line therapy for treatment of elevated cholesterol

<table>
<thead>
<tr>
<th>POPULATIONS WITH HIGH CHOLESTEROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HoFH: 1,400</td>
</tr>
<tr>
<td>• Statin intolerance: 4.4 million</td>
</tr>
<tr>
<td>• Uncontrolled LDL: 3.3 million</td>
</tr>
<tr>
<td>• CVD: 14 million</td>
</tr>
<tr>
<td>• Risk factors: 24 million</td>
</tr>
<tr>
<td>• Primary prevention: 60 million</td>
</tr>
</tbody>
</table>


Example: Population Impact on Specialty Drugs Total Cost

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>Utilizers</th>
<th>Average gross cost per treatment</th>
<th>Total Gross Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Sclerosis</td>
<td>125</td>
<td>$60,000</td>
<td>$9,120,000</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>500</td>
<td>$100,000</td>
<td>$50,000,000</td>
</tr>
<tr>
<td>Statins</td>
<td>10,000</td>
<td>$600-$2100</td>
<td>$13,500,000</td>
</tr>
<tr>
<td>PCSK9-I*</td>
<td>800</td>
<td>$14,000</td>
<td>$11,200,000</td>
</tr>
<tr>
<td>PCSK9-I**</td>
<td>2,000</td>
<td>$14,000</td>
<td>$28,000,000</td>
</tr>
</tbody>
</table>

* 8% of statin users
** 20% of statin users likely when outcomes data is available
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CVS Health’s Multifaceted Approach to Formulary Management

- Monitor
  - Drugs in development
  - Clinical guidelines
  - Key opinion leader comments
  - Adoption of new drugs

- Assess and Formulate
  - Formulary strategies
  - Drug budget impact modeling
  - Marketplace launch analytics and trend forecasting
  - Strategic options to help our clients mitigate spend
  - Based on published literature

- Develop and Approve
  - Robust formulary developed by internal experts
  - Reviewed and approved by CVS/caremark National Pharmacy and Therapeutics Committee (P&T) of independent, unaffiliated clinical pharmacists and physicians
Clinical Criteria Development Process

**DEVELOPMENT**
- Coverage proposal summary is developed by pharmacists with extensive knowledge of prior authorization programs

**INITIAL REVIEW**
- Internal review by Medical Director
- External review by physician-consultant with expertise in therapeutic area
- Final criteria review and approval by CVS/caremark P&T Committee

**CONTINUING REVIEW**
- Ongoing drug information and surveillance to maintain coverage criteria that are consistent with labeling and standards of care
- Minimum of annual review and approval by P&T

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PCSK9 Inhibitors Pose a New Challenge for Health Care Payers

**REPATHA (EVOLOCUMAB), AMGEN**

Indicated as an adjunct to maximally tolerated statin therapy
- For the treatment of adults
  - With heterozygous familial hypercholesterolemia or
  - Clinical atherosclerotic cardiovascular disease,
  - Who require additional lowering of LDL-cholesterol (LDL-C)

**PRALUENT (ALIROCUMAB), REGENERON**

Indicated as an adjunct to other LDL-lowering therapies (statins, ezetimibe, LDL apheresis)
- For patients with homozygous familial hypercholesterolemia
- Who require additional lowering of LDL-cholesterol (LDL-C)

Utilization management can occur only with a reliance on lipid goals.

Guidelines Reflect Inconsistent Treatment Goals for ASCVD

**ACC/AHA**

Recommends high dose statin therapy with a goal to reduce LDL-C levels by 50%
- May consider the addition of a non-statin cholesterol-lowering therapy if there is a less than anticipated response to statins

**NLA**

Recommends an LDL-C goal of 70 mg/dL

**AACE**

Recommends an LDL-C goal of 70 mg/dL

**ADA**

Recommends high dose statin therapy with a goal to reduce LDL levels by 50%
- In high risk patients >50 years of age, with ACS, who can only take moderate intensity statine, Zetia recommended if the LDL-C is >80 mg/dL.
CVS Health’s Approach to Cholesterol – Lowering Agents

**FORMULARY MANAGEMENT**

Negotiate the lowest price possible for patients and payers

Generally, choosing a single agent provides:
- A better price
- Lower out-of-pocket costs for members

Works in conjunction with statins and other cholesterol-lowering agents

**UTILIZATION MANAGEMENT**

Clinically appropriate UM criteria helps ensure use is consistent with guidelines
- For indication
- In patients who would clearly benefit

Maximize statin use
Add ezetimibe for select populations
Add PCSK9-I for those still not at goal

CVS Health’s approach helps maximize both clinical effectiveness and cost

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**Early PCSK9 Inhibitor Management**

**REASONS WHY COVERAGE CONDITIONS MAY NOT BE MET**

- Suboptimal statin/ezetimibe therapy: 39%
- Indications not met: 28%
- LDL-C not confirmed as high: 27%
- LDL-C at goal: 5%
Member Demographics for PCSK9 Inhibitor Users

- **Prescriber Specialty**
  - Other: 27%
  - Internal: 18%
  - Cardiology: 56%

- **Member Age**
  - <40: 1.6%
  - 40-49: 6.4%
  - 50-59: 21.4%
  - 60-69: 34.9%
  - 70+: 35.7%

- **Member Gender**
  - Female: 46%
  - Male: 54%

- **Statin Intensity**
  - High: 30.1%
  - Low: 24.2%
  - Moderate: 4.1%
  - No Statin: 41.1%


Treatment Targets Are Needed for Clinically Effective PCSK9 Inhibitor Use

- PCSK9 inhibitors are expensive specialty medications that treat a common condition
- Utilization management is necessary to insure indication based use and to control costs
- Major guidelines lack treat-to-target goals; hampering utilization management
- A rational, step-wise approach that utilizes specific LDL-C (lipid) target levels is needed
- Clear guidelines and targets would support rational clinical decision making for providers and managed care organization

Existing guidelines do not provide clarity on how far to treat.

Source: JAMA New Therapies in Treatment of High Cholesterol: An Argument to Return to Goal-based Lipid Guidelines
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