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Clinical Guideline

Guideline Number: PG073, Ver. 3

ezetimibe

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Ezetimibe (Zetia), FDA approved in 2002, reduces blood cholesterol by inhibiting the absorption of cholesterol by the small intestine. Ezetimibe is FDA-indicated for primary and mixed hyperlipidemia, homozygous familial hypercholesterolemia (HoFH), and homozygous sitosterolemia.

American College of Cardiology (ACC)/American Heart Association (AHA) guidelines have identified statin therapy as the primary treatment of blood cholesterol levels to reduce atherosclerotic cardiovascular disease risk (ASCVD). Statins are the most effective lipid-altering agents for decreasing low-density lipoprotein cholesterol (LDL-C) and are considered drugs of choice for prevention of coronary disease in high-risk patients. Non-statin cholesterol-lowering therapy, including ezetimibe, may be used by clinicians treating high-risk patients who have a less-than-anticipated response to statins, who are unable to tolerate a less-than-recommended intensity of a statin, or who are completely statin intolerant.

Ezetimibe can be administered alone or in combination with an HMG CoA reductase inhibitor (statins) as an adjunct to diet for the reduction of elevated total cholesterol (TC), LDL-C, apolipoprotein B (Apo B) and non-HDL-C in patients with primary hyperlipidemia (heterozygous familial and non-familial). For the reduction of elevated TC and LDL-C in patients with homozygous familial hypercholesterolemia,

ezetimibe can be administered with atorvastatin or simvastatin as an adjunct to other lipid-lowering treatments if such treatments are unavailable. Ezetimibe may be given as adjunctive therapy to diet for the reduction of elevated sitosterol and campesterol levels in patients with homozygous familial sitosterolemia.

As a primary recommendation, statin therapy is indicated for clinical ASCVD but, if this cannot be used, moderate-intensity statin therapy can be initiated. If LDL-C levels remain ≥ 70mg/dL on maximally tolerated statin, adding ezetimibe may be reasonable. In very high-risk patients with multiple high-risk clinical factors, ezetimibe can be added to maximally tolerated statin therapy. Therefore, coverage will be provided for patients who experienced an inadequate treatment response, intolerance, or contraindication to a statin or statin combination product.

The ACC/AHA guidelines should be reviewed for the most current recommendations. Please refer to the ACC website at https://www.acc.org/guidelines for more information.

Definitions

"Cholesterol" is a fat-like substance produced by the body and is used to build functioning cells.

"Clinical atherosclerotic cardiovascular disease (ASCVD)" is a condition characterized by plaque buildup in the arteries and can result in cardiovascular events such as chest pain, heart attack, and stroke.

"Homozygous familial hypercholesterolemia (HoFH)" is a rare, genetically inherited disorder (homozygous meaning inherited from both parents) that results in elevated cholesterol levels and can cause cardiovascular issues in people as young as teenagers.

"Homozygous sitosterolemia" is a rare, genetically inherited disorder (homozygous meaning inherited from both parents) causing altered sterol lipid metabolism from plant-based foods resulting in elevated levels in the blood and tissues. Dietary therapy is rarely sufficient to control this disease since all plant-based foods contain plant sterols.

"Lipids" are several types of fats found in the body. They are essential for the body to make hormones, vitamin D, and substances that help with digestion.

"Low-density lipoprotein (LDL-C)" is a molecule that transports lipids (fats) throughout the body.

"Statins" are a class of medications used to lower cholesterol and triglyceride levels. Examples include atorvastatin and lovastatin.

Medical Necessity Criteria for Initial Authorization

The Plan considers ezetimibe medically necessary when ALL of the following criteria are met:

1. The member is 10 years of age or older; ***and***
2. The member has ONE of the following diagnoses: *and*
    a. primary hypercholesterolemia
    b. mixed hyperlipidemia
    c. homozygous familial hypercholesterolemia (HoFH)
    d. homozygous sitosterolemia
3. The member has a documented trial and failure, intolerance to, or contraindication under ONE of the following conditions:
    a. The member did not achieve LDL cholesterol goal while using at least TWO of the following preferred statins for 3 months each; ***or***
        i. Atorvastatin
        ii. Fluvastatin
        iii. Lovastatin
        iv. Pravastatin
        v. Rosuvastatin
        vi. Simvastatin
    b. In the event that the member has only failed ONE high-intensity statin (such as atorvastatin or rosuvastatin) previously, documented chart notation evidence is submitted indicating that the member either:
        i. has tried the maximum tolerated dose for the specified statin before ezetimibe therapy was considered; *or*
        ii. did not achieve LDL cholesterol goal while on maximally dosed statin before ezetimibe therapy was considered.
4. Chart documentation and supporting labwork are provided for review to substantiate the above listed requirements.

<u>If the above prior authorization criteria are met, ezetimibe will be approved for 12 months.</u>

Medical Necessity Criteria for Reauthorization

Reauthorization of 12 months will be granted if the member has chart documentation demonstrating a clinical improvement in symptoms since starting the requested medication and ONE of the following criteria is met:

1. The member has shown a reduction in LDL-C since starting the requested medication; ***or***
2. The member has reached the LDL-C goal and has maintained LDL-C levels

    ***A recent laboratory report within the last 3 months is required for review.*

Experimental or Investigational / Not Medically Necessary

Ezetimibe for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

References

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Clinical Guideline Revision / History Information

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