

**Evkeeza® (evinacumab-dgnb)
Effective 11/01/2021**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Evkeeza is indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH).

Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Evkeeza excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Documented diagnosis of homozygous familial hypercholesterolemia confirmed by ONE of the following:
 - a. Laboratory test confirming genetic mutation associated with HoFH including low density lipoprotein receptor (LDLR) mutations
 - b. PCSK9 mutations
 - c. Familial defective apoB mutations
2. Member has a current LDL-C level of at least 70 mg/dL
3. Provider is a specialist or being used in collaboration with a specialist (e.g. cardiologist, endocrinologist, lipid lowering specialist, vascular neurologist)
4. Member meets ONE of the following:
 - a. Paid claims or provider documentation that Evkeeza is being used as add-on therapy with a high intensity statin, ezetimibe, and PSCK9 inhibitor



- b. Contraindication or other compelling clinical rationale for omitting one or more of the following high intensity statin, ezetimibe, and PSCK9 inhibitor
5. Member's current weight
6. Age \geq 12 years of age

Continuation of Therapy

Reauthorization will be granted when provider documents the following authorization criteria:

1. Member has achieved or maintained an LDL-C reduction (i.e., LDL-C is now at goal or 40% reduction of LDL-C from baseline)
2. Member meets ONE of the following:
 - a. Paid claims or provider documentation addressing adherence with a high intensity statin, ezetimibe, and PSCK9 inhibitor
 - b. Contraindication or other compelling clinical rationale for omitting one or more of the following high intensity statin, ezetimibe, and PSCK9 inhibitor

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months

References

1. Evkeeza [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals Inc.; February 2021.
2. Raal FJ, Rosenson RS, Reeskamp LF, et al. Evinacumab for homozygous familial hypercholesterolemia. *N Engl J Med.* 2020;383:711-20. DOI: 10.1056/NEJMoa2004215.
3. Cuchel M, Bruckert E, Ginsberg HN, et al. Homozygous familial hypercholesterolaemia: new insights and guidance for clinicians to improve detection and clinical management. A position paper from the Consensus Panel on Familial Hypercholesterolaemia of the European Atherosclerosis Society. *Eur Heart J.* 2014;35:2146-2157.
4. Grundy SM, Stone NJ, Bailey, AL, Beam C, Birtcher KK, Blumenthal RS, Braun LT, de Ferranti S, Faiella-Tommasino J, Forman DE, Goldberg R, Heidenreich PA, Hlatky MA, Jones DW, Lloyd-Jones D, Lopez-Pajares N, Ndumele CE, Orringer CE, Peralta CA, Saseen JJ, Smith SC Jr, Sperling L, Virani SS, Yeboah J. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2019;139:e1082– e1143. DOI: 10.1161/CIR.0000000000000625.

Review History

09/22/2021 – Created and Reviewed for Sept P&T. Effective 11/01/2021

Disclaimer

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