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

<table>
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<tr>
<th>Plan</th>
<th>☒ MassHealth</th>
<th>☐ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<tr>
<td>Benefit</td>
<td>☐ Pharmacy Benefit</td>
<td>☒ Medical Benefit (NLX)</td>
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<td>Specialty Limitations</td>
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<td>Specialty Medications</td>
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<td>All Plans</td>
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<td>Fax: 866-249-6155</td>
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<td>Non-Specialty Medications</td>
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<td>MassHealth</td>
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<td>Fax: 866-255-7569</td>
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<tr>
<td>Commercial</td>
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<td>Fax: 888-836-0730</td>
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<td>Exchange</td>
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**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 ≥ 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**


**Review History**

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

**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.