

5.40.30

Section:	Prescription Drugs	Effective Date:	July 1, 2022
Subsection:	Cardiovascular Agents	Original Policy Date:	March 12, 2021
Subject:	Evkeeza	Page:	1 of 5

Last Review Date: June 16, 2022

Evkeeza

Description

Evkeeza (evinacumab-dgnb)

Background

Evkeeza (evinacumab-dgnb) is a recombinant human monoclonal antibody that binds to and inhibits ANGPTL3 (angiopoietin-like 3). ANGPTL3 is a member of the angiopoietin-like protein family that is expressed primarily in the liver and plays a role in the regulation of lipid metabolism by inhibiting lipoprotein lipase (LPL) and endothelial lipase (EL). Inhibition of ANGPTL3 leads to reduction in LDL-C, HDL-C, and triglycerides. Evkeeza reduces LDL-C independent of the presence of LDL receptor by promoting very low-density lipoprotein (VLDL) processing and clearance upstream of LDL formation (1).

Regulatory Status

FDA-approved indication: Evkeeza is an ANGPTL3 (angiopoietin-like 3) inhibitor 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) (1).

Limitations of Use: (1)

1. The safety and effectiveness of Evkeeza have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH).
2. The effects of Evkeeza on cardiovascular morbidity and mortality have not been determined.

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Serious hypersensitivity reactions have occurred with Evkeeza. If signs or symptoms of serious hypersensitivity reactions occur, Evkeeza should be discontinued and the patient should be treated according to the standard-of-care and monitored until signs and symptoms resolve. Evkeeza is contraindicated in patients with a history of serious hypersensitivity reaction to evinacumab-dgnb (1).

Evkeeza may cause fetal harm when administered to pregnant patients. Consider obtaining a pregnancy test prior to initiating treatment with Evkeeza. Patients who may become pregnant should be advised to use effective contraception during treatment with Evkeeza and for at least 5 months following the last dose of Evkeeza (1).

The safety and effectiveness of Evkeeza in patients less than 12 years of age have not been established (1).

Related policies

Juxtapid, Praluent, Repatha

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Evkeeza may be considered **medically necessary** in patients 12 years of age and older with a diagnosis of homozygous familial hypercholesterolemia (HoFH) and if the conditions indicated below are met.

Evkeeza may be considered **investigational** in patients who are less than 12 years of age and for all other indications.

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

Homozygous familial hypercholesterolemia (HoFH)

AND ALL of the following:

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1. Documented confirmation of diagnosis by LDL-R DNA Sequencing Test or APOB (hypercholesterolemia) Mutation Analysis
2. Genetic confirmation of two mutant alleles at the LDLR, Apo-B, PCSK9, ARH adaptor protein 1/LDLRAP1 gene locus
3. Patient has a history of an untreated total cholesterol level of greater than 500 mg/dL **AND ONE** of the following:
 - a. Presence of cutaneous or tendinous xanthomas before the age of 10 years
 - b. Untreated total cholesterol level of more than 250 mg/dL in both parents
4. Treated LDL-C \geq 300 mg/dL
5. Patient has had an inadequate treatment response on at least **TWO** lipid-lowering therapies (e.g., statins, ezetimibe) at the maximum tolerated dose, or intolerance due to persistent skeletal muscle related symptoms
6. 13 years of age or older **only**: Patient has had an inadequate treatment response, intolerance, or contraindication to a proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor
7. Used in combination with other lipid-lowering treatments (e.g., statins, ezetimibe)
8. Prescriber agrees to monitor for hypersensitivity reactions to Evkeeza
9. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Evkeeza and for 5 months after the last dose
10. **NO** dual therapy with a proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor or Juxtapid

Prior – Approval *Renewal* Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

Homozygous familial hypercholesterolemia (HoFH)

AND ALL of the following:

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1. Reduction in LDL-C from baseline
2. Used in combination with other lipid-lowering treatments (e.g., statins, ezetimibe)
3. Prescriber agrees to monitor for hypersensitivity reactions to Evkeeza
4. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Evkeeza and for 5 months after the last dose
5. **NO** dual therapy with a proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor or Juxtapid

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Evkeeza is an ANGPTL3 (angiopoietin-like 3) inhibitor used for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH). Serious hypersensitivity reactions have occurred with Evkeeza. Evkeeza may cause fetal harm when administered to pregnant patients. The safety and effectiveness of Evkeeza in patients less than 12 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of Evkeeza while maintaining optimal therapeutic outcomes.

References

1. Evkeeza [package insert]. Tarrytown, NY; Regeneron Pharmaceuticals, Inc.; February 2021.

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Policy History

Date	Action
March 2021	Addition to PA
June 2021	Annual editorial review
September 2021	Addition of requirement for initiation: failure of PCSK9 inhibitor per FEP
December 2021	Annual review
March 2022	Annual review
June 2022	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 16, 2022 and is effective on July 1, 2022.