MEDICAL MUTUAL®

Drug Policy

Policy:	**210301_MRx (04/23)**	**Initial Effective Date: 04/16/2021**
Code(s):	**HCPCS J1305**	**Annual Review Date: 04/20/2023**
SUBJECT:	**Evkeeza™ (evinacumab-dgnb) (Intravenous)**	**Last Revised Date: 04/20/2023**

☒Subject to Site of Care

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

Initial and renewal requests for the medication(s) listed in this policy are subject to site of care management. When billed under the medical benefit, administration of the medication will be restricted to a non-hospital facility-based location (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center) unless the member meets the site of care exception criteria. To view the exception criteria and a list of medications subject to site of care management please click here.

I. Length of Authorization

Coverage is provided for 3 months for initial approval and may be renewed every 12 months.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Evkeeza 345 mg/2.3 mL single-dose vial: 2 vials per 28 days
- Evkeeza 1200 mg/8 mL single-dose vial: 1 vial per 28 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- 378 billable units (1890 mg) every 28 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 5 years of age; **AND**
- Baseline low-density lipoprotein cholesterol (LDL-C) labs must be obtained prior to initiating treatment (required for renewal); **AND**
- Patient does not have a diagnosis of heterozygous familial hypercholesterolemia (HeFH); **AND**

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Universal Criteria

- Must be prescribed by, or in consultation with, a specialist in cardiology, lipidology, or endocrinology; **AND**
- Will not be used in combination with lomitapide; **AND**

Homozygous Familial Hypercholesterolemia (HoFH) † Φ [1,3,5,6,11,12]

- Patient has a confirmed diagnosis of Homozygous Familial Hypercholesterolemia (HoFH) by any of the following:
    - Confirmed DNA test for functional mutation(s) in LDL receptor alleles or alleles known to affect LDL receptor functionality; **OR**
    - Untreated LDL-C > 500 mg/dL or treated LDL-C ≥ 300 mg/dL; **AND**
        - Cutaneous or tendon xanthoma before age 10 years; **OR**
        - Untreated LDL-C levels in both parents consistent with HeFH; **AND**
- Must be used as an adjunct to a low-fat or heart-healthy diet; **AND**
- Patient has been receiving stable background lipid lowering therapy for at least 4 weeks; **AND**
- Therapy will be used in conjunction with other LDL-lowering therapies (e.g., statins, ezetimibe, PCSK9 inhibitors, LDL apheresis); **AND**
- Patient has tried and failed at least a 3 month trial of adherent therapy with: ezetimibe used in combination with the highest available (or maximally tolerated*****) dose of atorvastatin OR rosuvastatin, unless contraindicated; **AND**
- Patient has tried and failed at least a 3 month trial of adherent therapy with: combination therapy consisting of the highest available (or maximally tolerated*****) dose of atorvastatin OR rosuvastatin, ezetimibe, AND a PSCK9 inhibitor indicated for HoFH (e.g., evolocumab), unless contraindicated; **AND**
- Despite pharmacological treatment, unless contraindicated, with a PCSK9 inhibitor, statin, and ezetimibe, the patient's LDL cholesterol ≥ 100 mg/dL (or ≥ 70 mg/dL for patients with clinical atherosclerotic cardiovascular disease [ASCVD])

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); **Φ** Orphan Drug

*****If the patient is not able to use a maximum dose of atorvastatin or rosuvastatin due to muscle symptoms, a causal relationship must be established between statin use and muscle symptoms.

- Patient has evidence of pain, tenderness, stiffness, cramping, weakness, and/or fatigue and all of the following:
    - Muscle symptoms resolve after discontinuation of statin; **AND**
    - Muscle symptoms occurred when re-challenged at a lower dose of the same statin; **AND**
    - Muscle symptoms occurred after switching to an alternative statin; **AND**

- Non-statin causes of muscle symptoms (e.g., hypothyroidism, reduced renal function, reduced hepatic function, rheumatologic disorders, such as polymyalgia rheumatica, steroid myopathy, vitamin D deficiency, or primary muscle disease) have been ruled out; **OR**
- The patient has been diagnosed with rhabdomyolysis associated with statin use
  - The diagnosis should be supported by acute neuromuscular illness or dark urine **AND** an acute elevation in creatine kinase (usually > 5,000 IU/L or 5 times the upper limit of normal [ULN])

IV. Renewal Criteria [1,8]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from therapy. Examples of unacceptable toxicity include: severe hypersensitivity reactions, etc.; **AND**
- Patient has had a reduction in LDL-C, when compared to the baseline labs (prior to initiating evinacumab); **AND**
- Patient continues to adhere to diet and background lipid lowering therapy (e.g., statin, ezetimibe, PCSK9-I, lomitapide, LDL apheresis)

V. Dosage/Administration [1]

Indication	Dose
Homozygous Familial Hypercholesterolemia (HoFH)	Administer 15 mg/kg as an intravenous (IV) infusion once monthly (every 4 weeks). • If a dose is missed, administer as soon as possible. Thereafter, Evkeeza should be scheduled monthly from the date of the last dose. • Assess LDL-C when clinically appropriate. The LDL-lowering effect of may be measured as early as 2 weeks after initiation.

VI. Billing Code/Availability Information

HCPCS code:

- J1305 – Injection, evinacumab-dgnb, 5 mg; 1 billable unit = 5 mg

NDC:

- Evkeeza 345 mg/2.3 mL (150 mg/mL) single-dose vial: 61755-0013-xx
- Evkeeza 1,200 mg/8 mL (150 mg/mL) single-dose vial: 61755-0010-xx

VII. References

1. Evkeeza [package insert]. Tarrytown, NY; Regeneron, Inc.; March 2023. Accessed March 2023.
2. Mozaffarian D, et al. Heart disease and stroke statistics--2015 update: a report from the American Heart Association. Circulation. 2015 Jan 27;131(4):e29-322. doi: 10.1161/CIR.0000000000000152. Epub 2014 Dec 17.

3. Rosenson RS, Durrington P. (2022) Familial hypercholesterolemia in adults: Overview. In: Freeman MW, Parikh N (Eds). UpToDate. Last updated: Oct 17, 2022. Accessed March 21, 2023. Available from: https://www.uptodate.com/contents/familial-hypercholesterolemia-in-adults-overview?search=Heterozygous%20Familial%20Hypercholesterolemia%20&source=search_result&selectedTitle=2~49&usage_type=default&display_rank=2.
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5. Jacobson et al. National Lipid Association recommendations for patient-centered management of dyslipidemia: Part 1 – executive summary. Journal of Clinical Lipidology. 2014. Available at: http://www.sciencedirect.com/science/article/pii/S1933287414002748. Accessed July 29, 2015.
6. Gidding SS, Champagne MA, de Ferranti SD, et al. The Agenda for Familial Hypercholesterolemia: A Scientific Statement From the American Heart Association. Circulation. 2015 Dec 1;132(22):2167-92. doi: 10.1161/CIR.0000000000000297.
7. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2017 Focused Update of the 2016 ACC Expert Consensus Decision Pathway on the Role of Non-Statin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk: A Report of the American College of Cardiology Task Force on Expert Consensus Decision Pathways. J Am Coll Cardiol. 2017 Oct 3;70(14):1785-1822.
8. Grundy SM, Stone NJ, Bailey AL, et al. 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. 2018;000:e1–e120. DOI: 10.1161/CIR.0000000000000625.
9. Jacobson TA, Ito MK, Maki KC, et al. National Lipid Association recommendations for patient-centered management of dyslipidemia: Part 1 – executive summary. Journal of Clinical Lipidology. 2014:8(5):473–488. DOI: 10.1016/j.jacl.2014.07.007.
10. Jacobson TA, Maki KC, Orringer C, et al. National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 2. J Clin Lipidol. 2015 Nov-Dec;9(6 Suppl):S1-122.e1. doi: 10.1016/j.jacl.2015.09.002.
11. 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 Aug 21;35(32):2146-57. doi: 10.1093/eurheartj/ehu274. Epub 2014 Jul 22

12. Raal FJ, Rosenson RS, Reeskamp et al; ELIPSE HoFH Investigators. Evinacumab for Homozygous Familial Hypercholesterolemia. N Engl J Med. 2020 Aug 20;383(8):711-720. doi: 10.1056/NEJMoa2004215.
13. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk: A Report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol. 2022 Oct 4;80(14):1366-1418. doi: 10.1016/j.jacc.2022.07.006.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Prior approval is required for HCPCS Codes J1305