Original Effective Date: 04/28/2021
Current Effective Date: 04/04/2025
Last P&T Approval/Version: 01/29/2025
Next Review Due By: 01/2026
Policy Number: C21101-A

Evkeeza (evinacumab-dgnb)

PRODUCTS AFFECTED

Evkeeza (evinacumab-dgnb)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Homozygous familial hypercholesterolemia (HoFH)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (HoFH):
1. Documented diagnosis of homozygous familial hypercholesterolemia (HoFH)
   AND

2. Laboratory documentation of member's current LDL-C while on background maximized treatment for HoFH (within the last 3 months) [DOCUMENTATION REQUIRED]
   AND
3. Documentation member is taking a maximally tolerated intensity/dose of statin OR has an FDA labeled contraindication to statins OR has serious side effects and is unable to tolerate an alternative dosing schedule (i.e., every other day dosing)
   AND
4. Documentation member is taking ezetimibe 10mg daily OR has an FDA labeled contraindication or serious side effects
   AND
5. For Members at least 10 years of age: Documentation member is taking a PCSK9 inhibitor or receiving LDL apheresis, unless contraindicated or member has a history of serious side effects
   AND
6. Documentation in treatment plan member will use Evkeeza (evinacumab) concurrently with maximally tolerated dose/intensity statin therapy, ezetimibe, and PCSK9/apheresis (unless contraindicated or serious side effects as documented above)
   AND
7. For female members of childbearing potential, provider attests that member has had a negative pregnancy screening and has been counseled on the use of effective contraception during treatment and per FDA labeled recommendations. Note: Based on animal studies, Evkeeza may cause fetal harm when administered to a pregnant member.
   AND
8. Prescriber attests that Evkeeza will not be used concomitantly with lomitapide

CONTINUATION OF THERAPY:

A. HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA (HoFH):

1. Documented positive response to therapy as indicated by decrease in LDL-C OR achievement of individual LDL-C patient goal [DOCUMENTATION REQUIRED]
   AND
2. Documentation that member has continued to use and will continue Evkeeza in combination with maximally tolerated dose/intensity statin therapy, ezetimibe, and PCSK9/apheresis (unless contraindicated or serious side effects experienced or not appropriate for age of member)
   AND
3. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
4. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

Must be prescribed by a cardiologist, lipid specialist, or endocrinologist.

AGE RESTRICTIONS:

5 years of age and older

QUANTITY:

15 mg/kg every 4 weeks

PLACE OF ADMINISTRATION:

The recommendation is that infused medications in this policy will be for pharmacy or medical benefit coverage administered in a place of service that is a non-hospital facility-based location as per the Molina Health Care Site of Care program.

Note: Site of Care Utilization Management Policy applies for Evkeeza (evinacumab-dgnb). For information on site of care, see Specialty Medication Administration Site of Care Coverage Criteria (molinamarketplace.com)

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intravenous

DRUG CLASS:
Angiopoietin-like 3 (ANGPTL3) inhibitors

FDA-APPROVED USES:
Indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 5 years and older, with homozygous familial hypercholesterolemia (HoFH).
Limitations Of Use: The safety and effectiveness of Evkeeza have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH). The effects of Evkeeza on cardiovascular morbidity and mortality have not been determined.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Evkeeza (evinacumab-dgnb) is a recombinant human monoclonal antibody produced from Chinese hamster ovary cell suspension culture which binds and inhibits the angiopoietin-like protein 3 (ANGPTL3). ANGPTL3 is a protein that is primarily expressed in the liver and regulated lipid metabolism through the inhibition of lipoprotein lipase and endothelial lipase. This inhibition results in a reduction in LDL-C, HDL-C and triglycerides.

Homozygous familial hypercholesteremia (HoFH) is a rare disease, with a genetic defect inherited from both parents, resulting in very high cholesterol levels. HoFH affects 1 in 300,000 people. If not treated, the very high LDL-C levels that result from this condition can result in the development of atherosclerosis before age 20.

Evkeeza was studied in the ELIPSE-HoFH (NCT03399786), which was a multicenter randomized control, placebo-controlled trial of patients (n=65) with HoFH. Patients were required to be receiving stable lipid lowering therapy. Patients were randomized 2:1 for treatment with Evkeeza or placebo, respectively. In the trial, patients were receiving background therapy with statins (94%), PCSK9 inhibitors (77%), ezetimibe (75%), lomitapide (25%) or apheresis (34%). 63 percent of the patients were taking at least 3 lipid modifying therapies. The primary trial endpoint was met, with the treated patients experiencing an average of 49% reduction in LDL-C from baseline compared to placebo. No patient discontinued treatment during the study due to an adverse event and drug antibodies did not develop during the study period.

Trial R1500-CL-17100 (NCT04233918; Trial 3) was a multicenter, three-part, single-arm, open-label trial in pediatric patients aged 5 to 11 years with HoFH. Part B of this trial evaluated the efficacy of EVKEEZA 15 mg/kg given intravenously every 4 weeks as an adjunct to other lipid-lowering therapies (e.g., statins, ezetimibe, lomitapide, and lipoprotein apheresis) for 24 weeks in 14 patients with HoFH. In Part B, the mean LDL-C at baseline was 264 mg/dL. At baseline, 86% of patients were on statins, 93% on ezetimibe, 14% on lomitapide, and 50% were receiving lipoprotein apheresis. The mean age at baseline was 9 years (range 5 to 11). Mean body weight was 40 kg. Body mass index (BMI) was 20 kg/m2. The primary efficacy endpoint was percent change in calculated LDL-C from baseline to Week 24. At Week 24, the mean percent change in calculated LDL-C from baseline was −48% (95% confidence interval: −69% to −28%). HDL-C and TG reductions observed in this trial were similar to changes seen in Trial 1. At Week 24, the reduction in LDL-C with EVKEEZA was similar across baseline characteristics, including age, sex, limited LDLR activity, concomitant treatment with lipoprotein apheresis, and concomitant background lipid-lowering medications (statins, ezetimibe, and lomitapide).

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Evkeeza (evinacumab-dgnb) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Evkeeza (evinacumab-dgnb) include: a history of serious hypersensitivity reaction to evinacumab-dgnb or to any of the excipients in Evkeeza.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J1305	Injection, evinacumab-dgnb, 5 mg

AVAILABLE DOSAGE FORMS:
Evkeeza SOLN 345 MG/2.3 ML (150 MG/ML) single dose vial
Evkeeza SOLN 1,200 MG/8 ML (150 MG/ML) single-dose vial

REFERENCES

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6. Harada-Shiba, M., Akira Ohtake, Sugiyama, D., Tada, H., Dobashi, K., Matsuki, K., … Yamamoto, Y. (2023). Guidelines for the Diagnosis and Treatment of Pediatric Familial Hypercholesterolemia 2022. Journal of Atherosclerosis and Thrombosis, 30(5), 531–557. https://doi.org/10.5551/jat.cr006

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Continuation of Therapy	Q1 2025
REVISION- Notable revisions: Continuation of Therapy Background References	Q1 2024
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Prescriber Requirements Age Restrictions FDA-Approved Uses Contraindications/Exclusions/Discontinuation References	Q3 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Duration of Approval Prescriber Requirements References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file