Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Evinacumab-dgnb (Evkeeza)

Notes:

- *Statin intolerance is defined as statin-related rhabdomyolysis or statin-associated muscle symptoms with the symptoms occurring while receiving the statin and resolving upon discontinuation of statin. Patient must fail at least 4 statin therapies.
- *Untreated means no prior therapy with any antihyperlipidemic agent
- **Treated means after therapy with at least one antihyperlipidemic agent

Non-Formulary **evinacumab-dgnb** (**Evkeeza**) requires a clinical review. Appropriateness of therapy will be based on the following criteria:

<u>Initiation (new start) criteria</u>: Non-formulary evinacumab-dgnb (Evkeeza) will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- · Prescribed by a cardiologist or endocrinologist- AND-
- Patient age > 12 years or older AND-
- Patient is on maximally tolerated statin for at least 90 days or has statin intolerance[^] – AND-
- Patient is on ezetimibe and PCSK9 inhibitor for at least 90 days— AND-
- Current LDL-C ≥ 100 mg/dL within the last 6 months AND-
- Documented diagnosis of homozygous familial hypercholesterolemia (HoFH) defined by one of the following:
 - Documented variant in two low-density lipoprotein receptor (LDLR) alleles or the presence of homozygous or compound heterozygous variants in apolipoprotein B (ApoB) or proprotein convertase subtilisin/kexin type 9 (PSCK9)
 - Patient had untreated* LDL-C > 500 mg/dL and one of the following:
 - Both parents of the individual had untreated LDL-C levels or total cholesterol levels consistent with heterozygous familial hypercholesterolemia (HeFH)
 - Presence of cutaneous or tendinous xanthomas before the age of 10
 - Patient had treated** LDL-C > 250 mg/dL
 - Both parents of the individual had untreated LDL-C levels or total cholesterol levels consistent with heterozygous familial hypercholesterolemia (HeFH)
 - Presence of cutaneous or tendinous xanthomas before the age of 10

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Evinacumab-dgnb (Evkeeza)

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary evinacumab<u>dgnb (Evkeeza)</u> will be covered on the prescription drug benefit for <u>12 months</u> when the
following criteria are met:

- Prescribed by a cardiologist or endocrinologist
 – AND-
- Patient age ≥ 12 years or older AND-
- Patient is on maximally tolerated statin for at least 90 days or has statin intolerance[^] – AND-
- Patient is on ezetimibe and PCSK9 inhibitor for at least 90 days- AND-
- Current LDL-C ≥ 100 mg/dL within the last 6 months AND-
- Documented diagnosis of homozygous familial hypercholesterolemia (HoFH) defined by one of the following:
 - Documented variant in two low-density lipoprotein receptor (LDLR) alleles or the presence of homozygous or compound heterozygous variants in apolipoprotein B (ApoB) or proprotein convertase subtilisin/kexin type 9 (PSCK9)
 - Patient had untreated* LDL-C ≥ 500 mg/dL and one of the following:
 - Both parents of the individual had untreated LDL-C levels or total cholesterol levels consistent with heterozygous familial hypercholesterolemia (HeFH)
 - Presence of cutaneous or tendinous xanthomas before the age of 10
 - Patient had treated** LDL-C > 250 mg/dL and one of the following:
 - Both parents of the individual had untreated LDL-C levels or total cholesterol levels consistent with heterozygous familial hypercholesterolemia (HeFH)
 - Presence of cutaneous or tendinous xanthomas before the age of 10

<u>Continued use criteria (12 months after initiation)</u>: Non-formulary <u>evinacumab-dgnb</u> (<u>Evkeeza</u>) will continue to be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a cardiologist or endocrinologist
 – AND-
- Patient is currently receiving concomitant antihyperlipidemic agents
- Patient has achieved and maintained an LDL-C reduction

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