Corporate Medical Policy: Evinacumab-dgnb (Evkeeza®) **"Notification"** **POLICY EFFECTIVE AUGUST 1, 2026**

Restricted Product(s):

- evinacumab-dgnb (Evkeeza®) intravenous infusion for administration by a healthcare professional

FDA Approved Use:

- For the treatment of adult and pediatric patients, aged 1 year and older, with homozygous familial hypercholesterolemia (HoFH), to reduce low-density lipoprotein-cholesterol (LDL-C), as an adjunct to diet and exercise and other LDL-C lowering therapies

Criteria for Medical Necessity:

The restricted product(s) may be considered medically necessary when the following criteria are met:

Initial Criteria for Approval:

1. The patient is 1 year of age or older; **AND**
2. The patient has a diagnosis of **homozygous familial hypercholesterolemia (HoFH)**; **AND**
3. The diagnosis has been confirmed by ONE of the following **[medical record documentation required]**:
    a. Genetic confirmation of two mutant alleles at the *LDLR*, *Apo-B*, *PCSK9*, or *LDLRAP1* genes; **OR**
    b. History of untreated LDL-C >400 mg/dL with ONE of the following:
        i. Clinical manifestations of HoFH (e.g., cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas, or xanthelasma) before 10 years of age; **OR**
        ii. Untreated elevated LDL-C levels consistent with heterozygous FH in both parents, (or in digenic form, one parent may have normal LDL-C levels and the other may have LDL-C levels consistent with HoFH); **AND**
4. ONE of the following:
    a. The patient is less than 7 years of age; **OR**
    b. The patient is between 7 and 9 years of age; **AND**
        i. ONE of the following:
            1. The patient is currently treated with and adherent to the highest age-appropriate or maximally tolerated dose of statin therapy for ≥8 continuous weeks; **OR**
            2. The patient has been determined to be statin intolerant, defined as experiencing ONE of the following:
                a. Statin-related rhabdomyolysis; **OR**

b. Statin-related skeletal muscle symptoms (e.g., myopathy [muscle weakness] or myalgia [muscle aches, soreness, stiffness, or tenderness]) with the trial of at least TWO statin therapies that resolved upon discontinuation; **OR**
c. Elevations in hepatic transaminase due to statin therapy; **OR**

3. The patient has an FDA labeled contraindication or hypersensitivity to ALL statin therapies; **AND**

ii. The patient's LDL-C level remains ≥100 mg/dL despite treatment with other LDL-C lowering therapies (e.g., maximally tolerated statin therapy, ezetimibe, lipoprotein apheresis, etc.) **[medical record documentation required]**; **OR**

c. The patient is 10 years of age or older; **AND**
   i. The patient is currently treated with and adherent to ALL of the following for ≥8 continuous weeks:
      1. High-intensity or maximally tolerated statin therapy; **OR**
         a. The patient has been determined to be statin intolerant, defined as experiencing ONE of the following:
            i. Statin-related rhabdomyolysis; **OR**
            ii. Statin-related skeletal muscle symptoms (e.g., myopathy [muscle weakness] or myalgia [muscle aches, soreness, stiffness, or tenderness]) with the trial of at least TWO statin therapies that resolved upon discontinuation; **OR**
            iii. Elevations in hepatic transaminase due to statin therapy; **OR**
         b. The patient has an FDA labeled contraindication or hypersensitivity to ALL statin therapies; **AND**
      2. Ezetimibe; **OR**
         a. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to ezetimibe; **AND**
      3. Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor (e.g., Repatha [evolocumab], Praluent [alirocumab], etc.) **[medical record documentation required]**; **OR**
         a. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to ALL PCSK9 inhibitors (e.g., Repatha [evolocumab], Praluent [alirocumab], etc.) **[medical record documentation required]**; **OR**
         b. The patient has genetic confirmation of two *LDLR* negative alleles (null homozygous) **[medical record documentation required]**; **AND**
   ii. The patient's LDL-C level remains ≥100 mg/dL (or ≥55 mg/dL with clinical atherosclerotic cardiovascular disease [ASCVD] or major ASCVD risk factors) despite treatment with other LDL-C lowering therapies (e.g., maximally tolerated statin therapy, ezetimibe, PCSK9 inhibitor antibodies, lipoprotein apheresis, bempedoic acid, etc.) **[medical record documentation required]**; **AND**

5. The requested agent will be used in conjunction with other LDL-C lowering therapies (e.g., maximally tolerated statin therapy, ezetimibe, PCSK9 inhibitor antibodies, lomitapide, lipoprotein apheresis); **AND**
6. The patient does not have any FDA labeled contraindications to the requested agent; **AND**
7. The prescriber is a specialist in the area of the patient's diagnosis (e.g., cardiologist, endocrinologist, geneticist, and/or lipid specialist) or has consulted with a specialist in the area of the patient's diagnosis; **AND**

8. The requested quantity does NOT exceed the maximum units allowed for the duration of approval (see table below); **AND**
9. For requests for injection or infusion administration of the requested medication in an **inpatient or outpatient hospital setting,** Site of Care Criteria applies (outlined below)*

Duration of Approval: 180 days (6 months)

Continuation Criteria for Approval:

1. The patient was approved through Blue Cross NC initial criteria for approval; **OR**
2. The patient would have met initial criteria for approval at the time they started therapy; **AND**
3. The patient has had clinical benefit with the requested agent demonstrated by a reduction in LDL-C level from baseline prior to starting therapy with the requested agent **[medical record documentation required]**; **AND**
4. The requested agent will be used in conjunction with other LDL-C lowering therapies (e.g., maximally tolerated statin therapy, ezetimibe, PCSK9 inhibitor antibodies, lomitapide, lipoprotein apheresis); **AND**
5. The patient does not have any FDA labeled contraindications to the requested agent; **AND**
6. The prescriber is a specialist in the area of the patient's diagnosis (e.g., cardiologist, endocrinologist, geneticist, and/or lipid specialist) or has consulted with a specialist in the area of the patient's diagnosis; **AND**
7. The requested quantity does NOT exceed the maximum units allowed for the duration of approval (see table below); **AND**
8. For requests for injection or infusion administration of the requested medication in an **inpatient or outpatient hospital setting,** Site of Care Criteria applies (outlined below)*

Duration of Approval: 365 days (1 year)

FDA Label Reference				
Medication	**Indication**	**Dosing**	**HCPCS**	**Maximum Units***
evinacumab-dgnb (Evkeeza®) intravenous (IV) infusion	HoFH in patients ≥ 1 year old	IV: 15 mg/kg every 4 weeks	J1305	Initial: 1,800 Continuation: 3,600

***Maximum units allowed for duration of approval**

***Site of Care Medical Necessity Criteria**

1. For requests for injection or infusion administration in an **inpatient setting**, the injection or infusion may be given if the above medical necessity criteria are met AND the inpatient admission is NOT for the sole purpose of administering the injection or infusion; **OR**
2. For requests for injection or infusion administration in an **outpatient hospital setting**, the injection or infusion may be given if the above medical necessity criteria are met AND ONE of the following must be met:
    a. History of a severe adverse event following the injection or infusion of the requested medication (i.e., anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure); **OR**
    b. Conditions that cause an increased risk for severe adverse event (i.e., unstable renal function, cardiopulmonary conditions, unstable vascular access); **OR**
    c. History of mild adverse events that have not been successfully managed through mild pre-medication (e.g., diphenhydramine, acetaminophen, steroids, fluids, etc.); **OR**
    d. Inability to physically and cognitively adhere to the treatment schedule and regimen complexity; **OR**
    e. New to therapy, defined as initial injection or infusion OR less than 3 months since initial injection or infusion; **OR**
    f. Re-initiation of therapy, defined as ONE of the following:
        i. First injection or infusion after 6 months of no injections or infusions for drugs with an approved dosing interval less than 6 months duration; **OR**
        ii. First injection or infusion after at least a 1-month gap in therapy outside of the approved dosing interval for drugs requiring every 6 months dosing duration; **OR**
    g. Requirement of a change in the requested restricted product formulation; **AND**
3. If the Site of Care Medical Necessity Criteria in #1 or #2 above are not met, the injection or infusion will be administered in a **home-based infusion** or physician office setting with or without supervision by a certified healthcare professional.

References: all information referenced is from FDA package insert unless otherwise noted below.

1. Cuchel M, Raal FJ, Hegele RA, et al. 2023 Update on European Atherosclerosis Society Consensus Statement on Homozygous Familial Hypercholesterolaemia: new treatments and clinical guidance. *European Heart Journal*. 2023;44(25):2277-2291.
2. Blumenthal, R, Morris, P, Gaudino, M. et al. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation.* 2026;153(17):e1154-e1276.

Policy Implementation/Update Information: Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q1 annually.

August 2026: Criteria change: Reformatted initial diagnostic confirmation criteria for clarity. Removed required submission of baseline LDL-C level within 60 days of treatment initiation. For patients 7 to 9 years of age: Adjusted statin therapy trial requirement to include allowance for highest age-appropriate or maximally tolerated dose of statin therapy and removed high-intensity statin verbiage; Within statin intolerance requirements, updated statin-related skeletal muscle symptoms criteria to require occurrence with the trial of at least two statin therapies with resolution upon discontinuation. For patients 10 years of age and older: Adjusted statin therapy trial requirement to remove specific product and dosing criteria and allow any high-intensity or maximally tolerated statin therapy; Added requirement that the patient is currently treated with and adherent to ezetimibe to align with updated clinical guideline recommendations. Refined the requirements for statin intolerance. Adjusted LDL-C goals to align with updated clinical guideline recommendations and added required medical record documentation of failure to achieve target LDL-C despite treatment with other LDL-C lowering therapies. Within continuation criteria, removed requirement that the patient is adherent to or intolerant to statin therapy. Updated formatting throughout policy for clarity with no change to intent. **Policy notification given 6/1/2026 for effective date 8/1/2026**.
March 2026: Criteria change: Reformatted criteria for patient failing to achieve a target LDL-C level while treated with statin therapy in combination with ezetimibe and a PCSK9 inhibitor to account for age per product labeling. Added allowance for bypass of required trial and failure of a statin for patients less than 7 years of age and adjusted requirement for patients 7 to 9 years old to require either high-intensity or maximally tolerated statin and removed requirement that it must be in combination with ezetimibe or PCSK9 inhibitor. For continuation criteria, added allowance for bypass of adherence to statin therapy for patients less than 7 years of age. Updated formatting throughout policy for clarity.
November 2025: Criteria change: Expanded indication to pediatric patients 1 year of age or older. Adjusted diagnostic requirement of untreated LDL-C level to >400 mg/dL and reformatted allowance of untreated elevated LDL-C levels consistent with heterozygous FH in both parents (or in digenic form, one parent may have normal LDL-C levels and the other may have LDL-C levels consistent with HoFH) according to updated clinical guidelines. Consolidated definition of failure of high-intensity statin therapy and PCSK9 inhibitor therapy, and adjusted and re-categorized goals according to updated age-specific goals per clinical guidelines. Clarified trial and failure criteria for PCSK9 inhibitor therapy to include the following language: despite adherence to treatment. Added allowance for bypass of required trial of a PCSK9 inhibitor for patients less than 10 years of age per PCSK9 inhibitor product labeling. Removed criteria regarding concurrent use of lomitapide (Juxtapid) for clarity. Added geneticist as an additional specialist option. Updated Site of Care medical necessity criteria to add additional bypass for patients with a history of severe adverse events or conditions that cause an increased risk for severe adverse event to align with the Place of Service for Medical Infusions policy for clarity of intent. Updated formatting throughout policy for clarity with no change to intent.
May 2023: Criteria change: Expanded indication to pediatric patients 5 years of age or older.
October 2021: Coding update: Added HCPCS code J1305 to dosing reference table and updated units per code definition effective 10/1/2021, deleted C9079, J3490, and J3590 termed 9/30/2021.

October 2021: Criteria change: Added Site of Care medical necessity criteria. **Policy notification given 8/2/2021 for effective date 10/1/2021**.
July 2021: Coding update: Added HCPCS code C9079 to dosing reference table effective 7/1/2021, deleted C9399 termed 6/30/2021.
June 2021: Criteria change: Added maximum units; medical policy formatting change. **Policy notification given 4/16/2021 for effective date 6/16/2021**.
*Further historical criteria changes and updates available upon request from Medical Policy and/or Corporate Pharmacy.