

Evinacumab

Goal(s):

- Promote use of evinacumab that is consistent with medical evidence
- Promote use of high value products

Length of Authorization:

- 6-12 months

Requires PA:

- Evinacumab (Evkeeza™) pharmacy and provider administered claims

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code; go to #2	
2. Is the patient 12 years or older with a diagnosis of homozygous or familial hypercholesterolemia (HoFH) diagnosed by genetic testing or the following clinical criteria? <ul style="list-style-type: none"> • Untreated LDL-C > 500 mg/dl or treated LDL-C > 300 mg/dl 	Yes: Go to #3	No: Pass to RPh; deny for medical appropriateness
3. Does the patient still have an LDL-C of \geq 100 mg/dl while taking a maximally tolerated dose (or have a contraindication) of all the following agents for at least 12 weeks: <ul style="list-style-type: none"> • Statin, and • Ezetimibe, and • PCSK9 inhibitor (alirocumab or evolocumab) 	Yes: Go to #4 LDL-C ____mg/dL Date: _____	No: Pass to RPh; deny for medical appropriateness.
4. Is the patient of childbearing potential?	Yes: Go to #5	No: Approve for up to 6 months
5. Is the patient pregnant or actively trying to conceive?	Yes: Pass to RPh; deny for medical appropriateness.	No: Go to #6
6. Is there documentation that the provider and patient have discussed the teratogenic risks of the drug if the patient were to become pregnant?	Yes: Approve for up to 6 months	No: Pass to RPh; deny for medical appropriateness.

Renewal Criteria

1. What is the most recent LDL-C (within last 12 weeks)?	Recent LDL-C _____ mg/dL Date: _____ ; go to #2	
2. Did the patient achieve a LDL-C reduction to less than 70 mg/dl OR a 30% decrease from baseline prior to adding evinacumab?	Yes: Go to #3	No: Pass to RPh; deny for medical appropriateness
3. Is the patient adherent with other lipid-lowering therapies, including maximally tolerated statin, ezetimibe, and PCSK9 inhibitor therapy?	Yes: Go to #4 Note: pharmacy profile may be reviewed to verify >80% adherence	No: Pass to RPh; deny for medical appropriateness
4. Is the patient of childbearing potential?	Yes: Go to #5	No: Approve for up to 12 months
5. Is the patient pregnant or actively trying to conceive?	Yes: Pass to RPh; deny for medical appropriateness.	No: Go to #6
6. Is there documentation that the provider and patient have discussed the teratogenic risks of the drug if the patient were to become pregnant?	Yes: Approve for up to 12 months	No: Pass to RPh; deny for medical appropriateness.

P&T / DUR Review: 10/21 (MH); 08/21 (MH)
Implementation: 1/1/22; 9/1/21