



## PRIOR AUTHORIZATION POLICY

- POLICY:** Homozygous Familial Hypercholesterolemia – Evkeeza Prior Authorization Policy
- Evkeeza® (evinacumab-dgnb intravenous infusion – Regeneron)

**REVIEW DATE:** 04/26/2023

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### **CIGNA NATIONAL FORMULARY COVERAGE:**

#### **OVERVIEW**

Evkeeza, an angiopoietin-like 3 inhibitor, is indicated as an adjunct to other low-density lipoprotein cholesterol (LDL-C) lowering therapies for the treatment of homozygous familial hypercholesterolemia (HoFH) in patients  $\geq 5$  years of age.<sup>1</sup>

In the pivotal trial that led to approval of Evkeeza, patients were receiving additional medications to lower LDL-C levels such as statins (94% [77% of patients at high-intensity statin doses]), a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor (77%), ezetimibe (75%), and Juxtapid® (lomitapide capsules). Although some Phase II data are available,<sup>3</sup> the safety and effectiveness of Evkeeza have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH).<sup>1</sup> The effects of Evkeeza on cardiovascular (CV) morbidity and mortality have not been determined.

#### **Disease Overview**

Familial hypercholesterolemias, which include HeFH and HoFH, encompass a group of genetic defects that cause severe elevations in LDL-C levels, as well as other lipid parameters.<sup>4,5</sup> HoFH impacts approximately 1 in 300,000 to 1,000,000 persons. The condition is most commonly due to impaired functionality of the low-density lipoprotein (LDL) receptor which leads to a low or absence of clearance of LDL-C from

the circulation. Currently known causes of familial hypercholesterolemia include mutations in the LDL receptor, apolipoprotein B, or PCSK9 genes. Patients with familial hypercholesterolemia may have physical findings such as tendon or cutaneous xanthomas, which may occur in childhood. Individuals with familial hypercholesterolemia are at very high risk of atherosclerotic cardiovascular disease (ASCVD) at a premature age. Most guidelines recommended LDL-C targets of < 100 mg/dL for adults and < 70 mg/dL for adults with ASCVD or other risk factors. Statins are the initial treatment for familial hypercholesterolemia. For patients with HoFH, high-intensity statin therapy is recommended, with ezetimibe added as well. Therapy with a PCSK9 inhibitor (e.g., Repatha® [evolocumab subcutaneous injection]) is usually the next step. Other non-statin therapies can be considered (e.g., colesvelam tablets or oral suspension, niacin). Combination therapy is required for most patients. LDL apheresis is recommended in certain circumstances. Patients with HoFH should be managed by a lipid specialist. Table 1 provides some of the diagnostic criteria to establish a diagnosis of HoFH. The diagnosis of HoFH can be done by genetic or clinical criteria.

**Table 1. Criteria for the Diagnosis of HoFH.<sup>5</sup>**

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- Genetic confirmation of two mutant alleles at the LDLR, Apo B, PCSK9 or LDLRAP1 gene locus; OR
  - An untreated LDL-C > 500 mg/dL\* or treated LDL-C ≥ 300 mg/dL\* together with either 1) cutaneous or tendon xanthoma before the age of 10 years OR 2) untreated elevated LDL-C levels consistent with heterozygous FH in both parents.
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HoFH – Homozygous familial hypercholesterolemia; LDLR – Low-density lipoprotein receptor; Apo B – Apolipoprotein B; PCSK9 – Proprotein convertase subtilisin kexin type 9; LDLRAP1 – Low-density lipoprotein receptor adaptor protein 1; LDL-C – Low-density lipoprotein cholesterol; \* These cited LDL-C levels are only indicative and lower levels, especially in children or in untreated patients do not exclude HoFH; FH – Familial hypercholesterolemia.

## Guidelines

Evkeeza is addressed in the American College of Cardiology Expert Consensus Decision Pathway on the role of non-statin therapies for LDL-C lowering in the management of ASCVD risk (2022).<sup>6</sup> Several guidelines provide strategies for managing familial hypercholesterolemia, including HoFH.<sup>5,7</sup>

- **American College of Cardiology (2022):** Specialized therapies, one of which includes Evkeeza, may be needed to control LDL-C in certain patients (e.g., those with HoFH) who have had an inadequate response to statins, with or without ezetimibe, and PCSK9 inhibitors.<sup>6</sup> Evkeeza should be administered under the care of a lipid specialist.
- **American Heart Association/American College of Cardiology (2018):** In patients with severe primary hypercholesterolemia (LDL-C ≥ 190 mg/dL) begin high-intensity statin therapy.<sup>7</sup> If the LDL-C levels remains ≥ 100 mg/dL, add ezetimibe. If the LDL-C remains ≥ 100 mg/dL on this regimen, consider a PCSK9 inhibitor if the patient has multiple risk factors that increase the risk of ASCVD. Other therapies can also be used (e.g., bile acid sequestrants).
- **European Atherosclerosis Society (2014):** A position paper by this organization recommends lipid-lowering therapy be initiated as soon as possible with LDL-C targets for HoFH of < 100 mg/dL in adults or < 70 mg/dL in adults with clinical ASCVD.<sup>5</sup> Statins are a mainstay of therapy and are often used in combination with other agents such as ezetimibe. Other agents can

be alternatives as well (e.g., Juxtapid). Lipoprotein apheresis may also be considered.

## **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Evkeeza. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Evkeeza, as well as the monitoring required for adverse events and long-term efficacy, approval requires Evkeeza to be prescribed by or in consultation with a physician who specializes in the condition being treated. A patient who has previously met Initial Therapy criteria for Evkeeza for the requested indication under the Coverage Review Department and is currently receiving Evkeeza is only required to meet continuation of therapy criteria (i.e., currently receiving therapy). If past criteria has not been met under the Coverage Review Department and the patient is currently receiving Evkeeza, or is restarting Evkeeza, Initial Therapy criteria must be met.

• **Evkeeza® (evinacumab-dgnb intravenous infusion ( Regeneron) is(are) covered as medically necessary when the following criteria is(are) met for fda-approved indication(s) or other uses with supportive evidence (if applicable):**

## **FDA-Approved Indication**

**1. Homozygous Familial Hypercholesterolemia.** Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets all of the following (i, ii, iii, iv, and v):

i. Patient is  $\geq 5$  years of age; AND

ii. Patient meets one of the following (a, b, or c):

a) Patient has had genetic confirmation of two mutant alleles at the low-density lipoprotein receptor (LDLR), apolipoprotein B (apo B), proprotein convertase subtilisin kexin type 9 (PCSK9), or low-density lipoprotein receptor adaptor protein 1 (LDLRAP1) gene locus; OR

b) Patient has an untreated low-density lipoprotein cholesterol (LDL-C) level  $> 500$  mg/dL AND meets one of the following [(1) or (2)]:

Note: Untreated refers to prior to therapy with any antihyperlipidemic agent.

**(1)** Patient had clinical manifestations of homozygous familial hypercholesterolemia (HoFH) before the age of 10 years; OR

Note: Clinical manifestations of HoFH are cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas, or xanthelasma.

**(2)** Both parents of the patient had untreated LDL-C levels or total cholesterol levels consistent with heterozygous familial hypercholesterolemia (HeFH); OR

Note: An example of HeFH in both parents would be if both had an untreated LDL-C level  $\geq$  190 mg/dL and/or an untreated total cholesterol level  $>$  250 mg/dL.

- c) Patient has a treated LDL-C level  $\geq$  300 mg/dL AND meets one of the following [(1) or (2)]:

Note: Treated refers to after therapy with at least one antihyperlipidemic agent. Some examples of antihyperlipidemic agents include statins (e.g., atorvastatin, rosuvastatin, lovastatin, simvastatin, pravastatin), ezetimibe, a PCSK9 inhibitor (i.e., Repatha [evolocumab subcutaneous injection, Praluent [alirocumab subcutaneous injection]), or Juxtapid (lomitapide capsules).

- (1)** Patient had clinical manifestations of HoFH before the age of 10 years; OR

Note: Examples of clinical manifestations of HoFH are cutaneous xanthomas, tendon xanthomas, arcus cornea, tuberous xanthomas, or xanthelasma.

- (2)** Both parents of the patient had untreated LDL-C levels or total cholesterol levels consistent with HeFH; AND

Note: An example of HeFH in both parents would be if both had an untreated LDL-C  $\geq$  190 mg/dL and/or an untreated total cholesterol  $>$  250 mg/dL.

- iii. Patient meets one of the following (a or b):

- a) Patient meets all of the following [(1), (2), and (3)]:

**(1)** Patient has tried one high-intensity statin therapy (i.e., atorvastatin  $\geq$  40 mg daily; rosuvastatin  $\geq$  20 mg daily [as a single entity or as a combination product]); AND

**(2)** Patient has tried one high-intensity statin along with ezetimibe (as a single-entity or as a combination product) for  $\geq$  8 continuous weeks; AND

**(3)** Low-density lipoprotein cholesterol level after this treatment regimen remains  $\geq$  70 mg/dL; OR

- b) Patient has been determined to be statin intolerant by meeting one of the following [(1) or (2)]:

- (1)** Patient experienced statin-related rhabdomyolysis; OR

Note: Rhabdomyolysis is statin-induced muscle breakdown that is associated with markedly elevated creatine kinase levels (at least 10 times the upper limit of normal), along with evidence of end organ damage which can include signs of acute renal injury (noted by substantial increases in serum creatinine [Scr] levels [a  $\geq$  0.5 mg/dL increase in Scr or doubling of the Scr] and/or myoglobinuria [myoglobin present in urine]).

- (2)** Patient meets all of the following [(a), (b), and (c)]:

**(a)** Patient experienced skeletal-related muscle symptoms; AND

Note: Examples of skeletal-related muscle symptoms include myopathy (muscle weakness) or myalgia (muscle aches, soreness, stiffness, or tenderness).

- (b) The skeletal-muscle related symptoms occurred while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or combination products); AND
  - (c) When receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products) the skeletal-related muscle symptoms resolved upon discontinuation of each respective statin therapy (atorvastatin and rosuvastatin); AND  
Note: Examples of skeletal-related muscle symptoms include myopathy and myalgia.
- iv. Patient meets one of the following (a, b, or c):
- a) Patient meets both of the following [(1) and (2)]:
    - (1) Patient has tried one PCSK9 inhibitor for  $\geq 8$  continuous weeks; AND  
Note: Examples of PCSK9 inhibitors include Repatha (evolocumab subcutaneous injection) and Praluent (alirocumab subcutaneous injection).
    - (2) The LDL-C level after this PCSK9 inhibitor therapy remains  $\geq 70$  mg/dL; OR
  - b) Patient is known to have two LDL-receptor negative alleles; OR
  - c) Patient is 5 to 9 years of age; AND
- v. Medication is prescribed by or in consultation with a cardiologist, an endocrinologist, or a physician who focuses in the treatment of cardiovascular risk management and/or lipid disorders; OR
- B) Patient Currently Receiving Evkeeza. Approve if according to the prescribing physician, the patient has experienced a response to therapy.  
Note: Examples of a response to therapy include decreasing LDL-C, total cholesterol, non-high-density lipoprotein (non-HDL-C), or apolipoprotein B levels. Also, if the patient is currently receiving the requested therapy but has not previously received approval of Evkeeza for this specific indication through the Coverage Review Department, review under criteria for Initial Therapy. If the patient is restarting therapy with Evkeeza, Initial Therapy criteria must be met.

## CONDITIONS NOT COVERED

- **Evkeeza® (evinacumab-dgnb intravenous infusion ( Regeneron) is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

1. **HeFH.** The safety and effectiveness of Evkeeza have not been established in patients with hypercholesterolemia who do not have HoFH, including those with HeFH.<sup>1</sup>

**2. Hyperlipidemia.** Although data are available, the prescribing information for Evkeeza states that the safety and efficacy of Evkeeza have not been established in patients with other forms of hypercholesterolemia.<sup>1,3</sup>

Note: This is not associated with HoFH and is referred to as combined hyperlipidemia, hypercholesterolemia (pure, primary), dyslipidemia, or increased/elevated LDL-C levels.

## REFERENCES

1. Evkeeza® intravenous infusion [prescribing information]. Tarrytown, NY: Regeneron; March 2023.
2. Raal FJ, Rosenson RS, Reeskamp LF, et al, for the ELIPSE HoFH investigators. Evkeeza for homozygous familial hypercholesterolemia. *N Engl J Med.* 2020;383(8):711-720.
3. Rosenson RS, Burgess LJ, Ebenbichler CF, et al. Evkeeza in patients with refractory hypercholesterolemia. *N Engl J Med.* 2020;383(24):2307-2319.
4. Raal FJ, Hovingh GK, Catapano AL. Familial hypercholesterolemia treatments: guidelines and new therapies. *Atherosclerosis.* 2018;277:483-492.
5. Cuchel M, Bruckert E, Ginsberg HN, et al, for the European Atherosclerosis Society Consensus Panel on Familial Hypercholesterolemia. Homozygous familial hypercholesterolemia: new insights and guidance for clinicians to improve detection and clinical management. A positive paper from the Consensus Panel on Familial Hypercholesterolemia of the European Atherosclerosis Society. *Eur Heart J.* 2014;35:2146-2157.
6. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC Expert Consensus Decision Pathway on the Role of Non-Statin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk. *J Am Coll.* 2022;80(14):1366-1418.
7. Grundy SM, Stone NJ, Bailey AL, et al. 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.* 2019;139:e1082-e1143.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	<b>Homozygous Familial Hypercholesterolemia:</b> Praluent was added as an example of a proprotein convertase subtilisin kexin type 9 inhibitor used for homozygous familial hypercholesterolemia.	02/23/2022
Annual Revision	No criteria changes.	03/08/2023
Selected Revision	<b>Homozygous Familial Hypercholesterolemia:</b> The age of approval was changed to $\geq 5$ years of age; previously, a patient had to be $\geq 12$ years of age. Also, criteria were revised to not require a patient 5 to 9 years of age to try one proprotein convertase subtilisin kexin type 9 inhibitor.	03/29/2023
Early Annual Revision	It was added to the Policy Statement that only a patient who has previously met initial therapy criteria for Evkeeza for the requested indication under the Coverage Review Department and is currently receiving Evkeeza is only required to meet continuation of therapy criteria (i.e., currently receiving therapy). If past criteria has not been met under the Coverage Review Department and the patient is currently receiving Evkeeza, or is restarting Evkeeza, initial therapy criteria must be met. In addition, the following changes were made: <b>Homozygous Familial Hypercholesterolemia:</b> Requirements were divided to distinguish between initial therapy and patient currently receiving Evkeeza (previously there was only one criteria set). For a patient who is currently receiving Evkeeza and has previously met initial therapy criteria for the requested indication under the Coverage	04/26/2023

	Review Department, only the continuation of therapy criteria has to be met. The continuation of therapy criteria states that according to the prescribing physician, the patient has experienced a response to therapy with examples provided in a Note.	
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