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5.40.030

Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Cardiovascular Agents	**Original Policy Date:**	March 12, 2021
Subject:	Evkeeza	**Page:**	1 of 5

Last Review Date: March 6, 2026

Evkeeza

Description

Evkeeza (evinacumab-dgnb)

Background
Evkeeza (evinacumab-dgnb) is a recombinant human monoclonal antibody that binds to and inhibits ANGPTL3 (angiopoietin-like 3). ANGPTL3 is a member of the angiopoietin-like protein family that is expressed primarily in the liver and plays a role in the regulation of lipid metabolism by inhibiting lipoprotein lipase (LPL) and endothelial lipase (EL). Inhibition of ANGPTL3 leads to reduction in LDL-C, HDL-C, and triglycerides. Evkeeza reduces LDL-C independent of the presence of LDL receptor by promoting very low-density lipoprotein (VLDL) processing and clearance upstream of LDL formation (1).

Regulatory Status
FDA-approved indication: Evkeeza is an ANGPTL3 (angiopoietin-like 3) inhibitor indicated as an adjunct to diet and exercise and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies to reduce LDL-C in adults and pediatric patients, aged 1 year and older, with homozygous familial hypercholesterolemia (HoFH) (1).

Serious hypersensitivity reactions have occurred with Evkeeza. If signs or symptoms of serious hypersensitivity reactions occur, Evkeeza should be discontinued, and the patient should be treated according to the standard-of-care and monitored until signs and symptoms resolve. Evkeeza is contraindicated in patients with a history of serious hypersensitivity reaction to evinacumab-dgnb (1).

Evkeeza may cause fetal harm when administered to pregnant patients. Consider obtaining a pregnancy test prior to initiating treatment with Evkeeza. Patients who may become pregnant should be advised to use effective contraception during treatment with Evkeeza and for at least 5 months following the last dose of Evkeeza (1).

Evkeeza was studied in combination with other adjunct therapies, including proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors and Juxtapid (lomitapide) in particular. Patients were stable on these therapies for at least 8 and 12 weeks, respectively before adding Evkeeza to their regimen. Evkeeza may be considered in patients that have not met their lipid goal on other therapies (2).

The safety and effectiveness of Evkeeza in patients less than 1 year of age have not been established (1).

Related policies
Juxtapid, Leqvio, Nexletol/Nexlizet, Praluent, Repatha

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Evkeeza may be considered **medically necessary** if the conditions indicated below are met.

Evkeeza may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

Homozygous familial hypercholesterolemia (HoFH)

AND ALL of the following:

1. Documented confirmation of diagnosis by LDL-R DNA Sequencing Test or APOB (hypercholesterolemia) Mutation Analysis

2. Genetic confirmation of two mutant alleles at the LDLR, Apo-B, PCSK9, ARH adaptor protein 1/LDLRAP1 gene locus
3. Patient has a history of an untreated total cholesterol level of greater than 500 mg/dL **AND ONE** of the following:
    a. Presence of cutaneous or tendinous xanthomas before the age of 10 years
    b. Untreated total cholesterol level of more than 250 mg/dL in both parents
4. Treated LDL-C ≥ 300 mg/dL
5. Patient has had an inadequate treatment response on at least **TWO** lipid-lowering therapies (e.g., statins, ezetimibe) at the maximum tolerated dose, or intolerance due to persistent skeletal muscle related symptoms
6. 10 years of age or older **only:** Patient has **ONE** of the following:
    a. LDL remains > 70 mg/dL after at least 8 weeks of continuous treatment with a PCSK9 inhibitor
    b. An intolerance or contraindication to a PCSK9 inhibitor
7. Used in combination with diet and exercise
8. Used in combination with other lipid-lowering treatments (e.g., statins, ezetimibe)
9. Prescriber agrees to monitor for hypersensitivity reactions to Evkeeza
10. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Evkeeza and for 5 months after the last dose

Prior – Approval *Renewal* Requirements

Age 1 year of age or older

Diagnosis

Patient must have the following:

Homozygous familial hypercholesterolemia (HoFH)

AND ALL of the following:

1. Reduction in LDL-C from baseline
2. Used in combination with diet and exercise

3. Used in combination with other lipid-lowering treatments (e.g., statins, ezetimibe)
4. Prescriber agrees to monitor for hypersensitivity reactions to Evkeeza
5. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Evkeeza and for 5 months after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Evkeeza is an ANGPTL3 (angiopoietin-like 3) inhibitor used for the treatment of adult and pediatric patients, aged 1 year and older, with homozygous familial hypercholesterolemia (HoFH). Serious hypersensitivity reactions have occurred with Evkeeza. Evkeeza may cause fetal harm when administered to pregnant patients. The safety and effectiveness of Evkeeza in patients less than 1 year of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Evkeeza while maintaining optimal therapeutic outcomes.

References

1. Evkeeza [package insert]. Tarrytown, NY; Regeneron Pharmaceuticals, Inc.; September 2025.
2. Raal FJ, Rosenson RS, Reeskamp LF et al. Evinacumab for Homozygous Familial Hypercholesterolemia. *N Engl J Med.* 2020; 383(8): 711- 720.

Policy History

Date	Action
March 2021	Addition to PA
June 2021	Annual editorial review
September 2021	Addition of requirement for initiation: failure of PCSK9 inhibitor per FEP
December 2021	Annual review
March 2022	Annual review
June 2022	Annual review
March 2023	Annual editorial review. Revised wording of no dual therapy requirement for consistency and added Appendix 1. Per FEP, expanded requirement of failure of PCSK9 inhibitor to all patients 12 years or older, rather than 13 years or older. Changed policy number to 5.40.030
April 2023	Per PI, updated age to 5 years and older. Update t/f PCSK9 to apply to patients 10 years or older based on Repatha's approved age and to require a trial of 8 weeks and LDL remaining > 70 mg/dL. Per FEP, removed NO dual therapy requirement and Appendix 1
June 2023	Annual review
March 2024	Annual review
March 2025	Annual editorial review
June 2025	Annual review
October 2025	Per PI update, lowered age limit to 1 year of age and older, must be used in combination with diet and exercise
December 2025	Annual review
March 2026	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.