

Evkeeza[®]
evinacumab for injection

ALBERTA

PrEVKEEZA[®] (evinacumab for injection) is eligible for public reimbursement in Alberta for patients with HoFH through Alberta Blue Cross with [special authorization \(request form\)](#).

What Is EVKEEZA and How Does It Work?

EVKEEZA is the first and only ANGPTL3 inhibitor indicated as an adjunct to diet and other LDL-C lowering therapies for the treatment of adult and pediatric patients aged 6 months and older with homozygous familial hypercholesterolemia (HoFH).

The effects of EVKEEZA on cardiovascular morbidity and mortality have not been determined.

Please consult the Product Monograph at <https://www.ultragenyx.ca/evkeezaproductmonograph> for important information relating to warnings and precautions, adverse reactions, breastfeeding, drug interactions, and dosing information.

The Product Monograph is also available by calling us at 1-833-388-5872.

The [EVKEEZA Reimbursement Criteria](#) for the Alberta Drug Benefit List Program Are as Follows:

SPECIAL AUTHORIZATION

Special authorization may be provided, as an adjunct to diet and other Low Density Lipoprotein Cholesterol (LDL-C) lowering therapies, for the treatment of adult and pediatric patients aged 5 years and older if the following clinical criteria and conditions are met:

1. Patient has a genetically confirmed diagnosis of Homozygous Familial Hypercholesterolemia (HoFH), defined as:
 - Documented functional mutation or mutations in both low-density lipoprotein receptor (LDLR) alleles, OR
 - Documented homozygous or compound heterozygous mutations in apolipoprotein B (ApoB) or proprotein convertase subtilisin/kexin type 9 (PCSK9), or low-density lipoprotein receptor adaptor protein 1 (LDLRAP1), or at least 2 such variants at different loci.
- AND
2. Patient must have elevated LDL-C despite an adequate trial of other accessible lipid-lowering therapies, defined as:
 - LDL-C greater than 1.8 mmol/L at baseline for adult patients and greater than 3.4 mmol/L for pediatric patients.
- For coverage, this drug must be prescribed by a Specialist in Endocrinology, Cardiology or Internal Medicine ("Specialist").
 - A baseline LDL-C must be provided upon initial request, after all other treatment options of lipid-lowering therapies have been exhausted.
 - Initial coverage may be approved for one dose of 15 mg/kg every four weeks for a period of 24 weeks.

- Patients will be limited to receiving one dose of evinacumab per prescription at their pharmacy.

For continued coverage beyond 24 weeks, the patient must meet the following criteria:

- Patient has achieved a reduction in LDL-C from baseline that is considered clinically beneficial by the Specialist.

Continued coverage may be approved for a period of 12 months.

For more information on applying for EVKEEZA® coverage, we can arrange an appointment at your convenience, or you can go to the [UltraCare website](#). You can also find the [UltraCare Enrolment Form](#) on the UltraCare website.