Pr Evkeeza®
evinacumab for injection

NOVA SCOTIA

PrEVKEEZA® (evinacumab for injection) is eligible for public reimbursement in Nova Scotia for patients with HoFH based on the reimbursement criteria detailed below under the Nova Scotia Pharmacare Program.

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 Nova Scotia Pharmacare Programs Are as Follows:

Conditions for Reimbursement

Initiation Criteria:

For the treatment of homozygous familial hypercholesterolemia (HoFH) in adult and pediatric patients 5 years of age and older with a clinically or genetically confirmed diagnosis if the following criteria are met:

- Clinical criteria:
  - Untreated TC >12.93 mmol/L and TGs <3.39 mmol/L, AND
  - Both parents with documented TC >6.47 mmol/L, indicative of HeFH, or patient with cutaneous or tendinous xanthoma before the age of 10 years
- Genetic criteria:
  - Documented functional mutation or mutations in both LDLR alleles, OR
  - Documented homozygous or compound heterozygous mutations in Apo B or PCSK9, or LDLRAP1, or at least 2 such variants at different loci
- Elevated LDL-C despite an adequate trial of other accessible lipid-lowering therapies; “elevated LDL-C” is defined as LDL-C greater than 1.8 mmol/L at baseline for adult patients and greater than 3.4 mmol/L for children.

Initial and Subsequent Renewals:

The prescriber must provide proof of beneficial clinical effect when requesting continuation of reimbursement, defined as reduction in LDL-C from baseline that is considered clinically beneficial by the treating prescriber.

Claim Notes:

- Initial approval: 24 weeks
- Renewal approval: 1 year
- Approvals will be for a maximum of 15 mg/kg every 4 weeks.
- The prescriber must provide the baseline LDL-C when the initial request for reimbursement occurs after all other treatment options of lipid-lowering therapies have been exhausted.
- Evinacumab must be prescribed by specialists with qualifications and experience in the diagnosis and management of HoFH (e.g., [pediatric] endocrinologists, cardiologists, lipidologists).

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.