Pr Evkeeza®
evinacumab for injection

SASKATCHEWAN

PrEVKEEZA® (evinacumab for injection) is eligible for public reimbursement in Saskatchewan for patients with HoFH based on the reimbursement criteria detailed below under the Saskatchewan Exception Drug Status (EDS) 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 Saskatchewan Exception Drug Status (EDS) Program Are as Follows:

Exception Drug Status (EDS) Benefit According to the Following Criteria:

- **Evinacumab, solution for infusion, 150 mg/mL (2.3 mL vial) (EVKEEZA)**

  Initiation Criteria:

  For the treatment of adult and pediatric patients (5 years of age and older) with a clinically[1] or genetically[2] confirmed diagnosis of homozygous familial hypercholesterolemia (HoFH) who:
  - Have elevated low density lipoprotein cholesterol (LDL-C)[3] despite receiving an adequate trial of other accessible lipid-lowering therapies[4]; AND,
  - Are under the care of a specialist with experience in the diagnosis and management of HoFH.

  [1]Clinical Diagnostic Criteria:
  A clinically confirmed diagnosis of HoFH is defined as:
  - Untreated total cholesterol >12.93 mmol/L and triglycerides <3.39 mmol/L; AND,
    - Both parents have documented total cholesterol >6.47 mmol/L, indicative of heterozygous familial hypercholesterolemia (HeFH); OR,
    - Cutaneous or tendinous xanthoma before the age of 10 years.

  [2]Genetic Diagnostic Criteria:
  A genetically confirmed diagnosis of HoFH is defined as:
  - Documented functional mutation(s) in both 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.

[3]Elevated LDL-C levels are defined as:
- Adult patients: LDL-C >1.8 mmol/L
- Pediatric patients: LDL-C >3.4 mmol/L

[4]Accessible lipid-lowering therapies may include a maximally tolerated statin, ezetimibe, and/or a PCSK9 inhibitor.

Initial Approval Duration: 7 months

Renewal Criteria:

Ongoing coverage of evinacumab will be considered for individuals who:
- Experience a reduction in LDL-C that is considered clinically beneficial by the treating physician; AND,
- Remain under the care of a specialist with experience in the diagnosis and management of HoFH.

Renewal Duration: 12 months
NOTE: The patient's LDL-C must be provided at baseline and with each renewal request.

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.