Pr Evkeeza®
evinacumab for injection

NEW BRUNSWICK

PrEVKEEZA® (evinacumab for injection) is eligible for public reimbursement in New Brunswick for patients with HoFH based on the reimbursement criteria detailed below under the NB Drug Plans Formulary.

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 NB Drug Plans Formulary Are as Follows:

For the treatment of homozygous familial hypercholesterolemia (HoFH) in patients aged 5 years and older with a genetically or clinically confirmed diagnosis who have an elevated low density lipoprotein cholesterol (LDL-C) despite an adequate trial of other accessible lipid lowering therapies and who meet the following criteria:

Genetically confirmed diagnosis of 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 (Apo B) 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.

Clinically confirmed diagnosis of HoFH defined as:

- Untreated LDL-C > 10 mmol/L; and
- Both parents with documented untreated elevated total cholesterol (TC) or LDL-C levels, consistent with heterozygous familial hypercholesterolemia (HeFH), or patient with cutaneous or tendinous xanthoma before the age of 10 years.

Renewal Criteria:

- Request for renewal must provide documentation of beneficial clinical effect, defined as at least a 20% reduction in LDL-C from baseline.
- Documentation of maintenance of reduction in LDL-C from baseline must be provided for subsequent renewals.

Clinical Notes:

- The baseline LDL-C must be provided with the initial request for coverage and after all other treatment options of lipid-lowering therapies have been exhausted.
- An elevated LDL-C despite an adequate trial of other accessible lipid lowering therapies is defined as an LDL-C greater than 1.8 mmol/L at baseline for adult patients and greater than 3.4 mmol/L for children.
- Standard of care therapies may include maximally tolerated statins, ezetimibe, and PCSK9 inhibitors.

Claim Notes:

- Must be prescribed by a specialist experienced in the diagnosis and treatment of HoFH.
- Approvals will be for a maximum of 15 mg/kg every 4 weeks.
- Initial approval: 6 months.
- Renewal approval: 1 year.
- Claims that exceed the maximum claim amount of $9,999.99 must be divided and submitted as separate transactions as outlined here.

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.