Audience: CC All
Location: Benefits/A-Z List
Updated: 3.31.22   Reviewed: 6.7.21

Evkeeza (Evinacumab-Dgnb)

Drug names	1. Evinacumab-dgnb 2. Evkeeza

Description	Evkeeza (evinacumab-dgnb) is used to treat a type of high cholesterol called homozygous familial hypercholesterolemia (HoFH). It is administered by intravenous (IV) infusion.

Document history	The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
3.31.22	Updated to new template.
6.7.21	New A-Z sheet.

Commercial

Introduction

This section applies to all Commercial members.

Benefits

A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on Magellan Rx Management.

- **Requires prior authorization through Magellan**. Refer to *Review Criteria.*
  - **DOS prior to 7.1.21**: Refer to New-to-Market Medical Pharmacy Products.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
- Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
3.31.22	Updated to new template.

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC), **Minnesota Senior Care Plus (MSC+)**	Medicaid only groups: • Refer to Medicaid below. Medicare eligible groups: • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. • Medicare is the primary payer. • Follows Medicare guidelines. • If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.

AccessAbility Enhanced (SNBC SNP),
 	
DUAL (MSHO)
	A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on Magellan Rx Management.
	
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
	  – **DOS prior to 7.1.21**: Refer to New-to-Market Medical Pharmacy Products.
	  – **Important**: Check policy for limits or exclusions.
	  – **ER or inpatient POS**: PA is not required.
	  – **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
	• If eligible, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
	• Medica is the only payer.

Continued on next page

Government Programs, Continued

Advantage

A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on Magellan Rx Management.

- **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
  - **DOS prior to 7.1.21**: Refer to New-to-Market Medical Pharmacy Products.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
- Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
  - **Drug administration**: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.
  - **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.
- Medica is the only payer.

Advantage PartnerCare (I-SNP)

A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on Magellan Rx Management.

- **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
  - **DOS prior to 7.1.21**: Refer to New-to-Market Medical Pharmacy Products.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
- Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
  - **Drug administration**: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.
  - **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.
- Medica is the only payer.

Continued on next page

Government Programs, Continued

Medicaid (SPP)

A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan**. Refer to *Review Criteria.*
  - **DOS prior to 7.1.21**: Refer to [New-to-Market Medical Pharmacy Products](#).
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

Prime

Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.

- **Drug administration**: Covered based on place of service. Quote office visit or [Home IV Therapy](#) benefits. Check EOC for cost sharing.
- **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC.
- **Reminder**: Members can use non-Medica Service Area providers. Refer to [Out-of-MSA Benefits](#).

Select, Signature

Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

- Medicare supplement. Medicare is the primary payer.
- Follows Medicare guidelines.

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
3.31.22	Updated to new template.

Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.

Benefits	A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on Magellan Rx Management.

- **Requires prior authorization through Magellan**. Refer to *Review Criteria.*
  - **DOS prior to 7.1.21**: Refer to New-to-Market Medical Pharmacy Products.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
- Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

Document history	The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
3.31.22	Updated to new template.

Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
  - **DOS prior to 4.1.22**: PA did not apply.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: All providers, including Mayo Clinic providers, require PA.
  - **Medicare supplement**: PA does not apply.
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

All others

A Pharmacy Clinical Guideline, *Evkeeza (evinacumab-dgnb)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
  - **DOS prior to 7.1.21**: Refer to [New-to-Market Medical Pharmacy Products](#).
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
3.31.22	*Mayo Medical Plan* - Updated to indicate PA required as of 4.1.22.
3.31.22	Updated to new template.

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Medica Health Plan Solutions (MHPS), Continued

Applicability

Business Segments		
■ All ☐ AHP ☐ COM- (All) ☐ GOVT- (All) ☐ IFB ☐ MHPS ☐ PSC		
Specific Clients/Products		
■ All ☐ Other:		
Platform or System		
■ All ☐ N/A ☐ Other:		
Departments		
■ Call Center ☐ Multiple: ☐ Other:		
Approved By	**Document Owner**	**Date**
A-Z Review Team	KNTWs	6.7.21