

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202350 MAY 30, 2023

IHCP updates PA criteria for HCPCS code J1305 (Evkeeza)

The Indiana Health Coverage Programs (IHCP) covers evinacumab-dgnb (Evkeeza) with prior authorization (PA) as published in *IHCP Bulletin* [BT202190](#). Evkeeza is billed using Healthcare Common Procedure Coding System (HCPCS) code J1305 – *Injection, evinacumab-dgnb, 5 mg*.

PA criteria

PA criteria for Evkeeza have been updated to align with pharmacy benefit criteria posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers. Effective retroactively for dates of service (DOS) on or after **Oct. 1, 2021**, the following medical necessity criteria must be met:



- Initial authorization must meet all the following:
 - Member has a diagnosis of homozygous familial hypercholesterolemia (HoFH).
 - Member is 12 years of age or older.
 - Evkeeza is prescribed by, or in consultation with, a cardiologist or endocrinologist.
 - One of the following must apply:
 - ◆ Trial and failure of Praluent (alirocumab) for patients 18 years of age and older or Repatha (evolocumab) for patients 10 years of age or older
 - ◆ Medical rationale for use of Evkeeza (evinacumab-dgnb) over Praluent (alirocumab) or Repatha (evolocumab)
 - There is concurrent use of at least one additional lipid-lowering therapy.
 - Dose does not exceed 15 mg/kg every four weeks.
- Reauthorization must meet all the following:
 - Member has a history of Evkeeza (evinacumab-dgnb) within the past 90 days.
 - Dose does not exceed 15 mg/kg every four weeks.
 - Reduction in LDL-C from baseline OR maintenance of goal LDL-C is made.

For more information

Questions about PA and billing, specific to procedure code J1305 (Evkeeza), for fee-for-service (FFS) members should be directed to Gainwell Technologies at 800-457-4584, option 7. Questions about PA and billing, specific to procedure code J1305 (Evkeeza), for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

