These Clinical Guidelines have been created using resources that were current as of the "Reviewed" date noted at the beginning of the document. Clinicians should refer to the manufacturer's Prescribing Information (or equivalent) for the most up-to-date information. While CarepathRx has published these Clinical Guidelines after a close review of available literature and a clinical review process, given the evolving nature and complexity of modern pharmaceutical products, CarepathRx does not and cannot warrant or guarantee that these Clinical Guidelines reflect the objectively best or highest standard of care at any given time.

Nothing within these Clinical Guidelines is intended to supersede or interfere with any individual clinician's decision-making or professional judgment with respect to either (1) prescribing or dispensing the drug or product in question or (2) the overall treatment plan for an individual patient.

Evinacumab-dgnb (Evkeeza) Clinical Guideline for Home Intravenous Therapy

Section: Clinical Guideline
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Approved by, Title and Date Approved: David Benedict, President, 3/9/26

I. BACKGROUND

Evinacumab-dgnb is a recombinant human monoclonal antibody adjunctively used to treat homozygous familial hypercholesterolemia in adults and pediatric patients, aged 1 year and older, that binds to and inhibits angiopoietin-like protein 3 (ANGPTL3). Homozygous familial hypercholesteremia (HoFH) is a serious inherited disease caused by mutation of one or more of the genes critical for low-density lipoprotein cholesterol (LDL-C) catabolism. It is characterized by extremely elevated levels of LDL-C due to diminished or absent LDL-receptor function and as a result, exhibit a high propensity to early onset atherosclerotic cardiovascular disease.

ANGPTL3 inhibits lipoprotein lipase (LPL) and endothelial lipase (EL). ANGPTL3 inhibition by evinacumab results in increased lipid metabolism, leading to decreased low-density lipoprotein-cholesterol (LDL-C), high-density lipoprotein-cholesterol (HDL-C), and triglycerides (TG). Evinacumab reduces LDL-C independent of the presence of LDL receptor by promoting very low-density lipoprotein processing and clearance upstream of LDL formation. Evinacumab blockade of ANGPTL3 lowers TG and HDL-C by rescuing LPL and EL activities, respectively. The following outlines the procedures for servicing patients in need of outpatient evinacumab infusions.

II. PATIENT ACCEPTANCE CRITERIA

A. All candidates for home care service must be evaluated by the clinician(s) and deemed appropriate to receive home care based upon the dispensing pharmacy's admission criteria.

B. The decision to administer a first dose in the home by a field nurse will be determined on a case-by-case basis and reviewed by nursing and pharmacy management. The following criteria will be evaluated:

1. Prescriber preference
2. Allergy profile
3. Age
4. Other relevant social and/or medical history

C. Physician orders for evinacumab must include:

1. Patient weight
2. Drug and dose (including weight-based dosage)

3. Route of administration
4. Frequency of administration
5. Emergency medications
6. Orders for pre-medications, if applicable
7. Line care protocol
8. Routine lab monitoring, if applicable

D. Baseline labs or tests prior to starting therapy:

1. Patients in clinical trials were on other lipid-lowering therapies, including maximally tolerated statins, ezetimibe, PCSK9 inhibitor antibodies, lomitapide, and lipoprotein apheresis prior to starting evinacumab.
2. Baseline lipid panel including LDL-C
3. Pregnancy status

E. Dispensing pharmacy treatment protocol for anaphylaxis will be instituted for adult patients unless more comprehensive patient-specific orders are provided by the physician. See Appendix A (Nursing CarepathRx policy on *Management of Allergic/Anaphylactic Reactions*). Patient-specific orders are required for patients under 18 years old without an institutional pediatric protocol.

III. PHARMACOLOGY OVERVIEW

Refer to manufacturer's full Prescribing Information for most up to date information

A. Indications for Intravenous Administration:

1. Treatment of adults and pediatrics ≥ 1 year old with homozygous familial hypercholesterolemia (HoFH) along with diet, exercise, and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies.

B. Dosage:

1. 15 mg/kg intravenously over 60 minutes every 4 weeks.
Dosing is based off actual body weight. Evinacumab has not been studied in extremes of body weights

C. Dose Adjustment: No hepatic or renal impairment dose adjustments.

D. Duration: Duration of therapy is dependent on patient response and tolerability.

E. Contraindications: Serious hypersensitivity reactions (including anaphylaxis) to evinacumab or any of the components in the formulation.

F. Warnings and Precautions:

1. **Serious Hypersensitivity Reactions:**

a. Serious hypersensitivity reactions have occurred with evinacumab. In clinical trials, 1 (1%) evinacumab-treated patient experienced anaphylaxis compared to 0 (0%) patients in the placebo group. If signs or symptoms of serious hypersensitivity reactions occur,

discontinue evinacumab infusion, treat promptly, and monitor until signs and symptoms resolve.

2. **Embryo-Fetal Toxicity:**

    a. Pregnancy: Evinacumab may cause fetal harm when administered to pregnant patients based on animal reproduction studies. Administration of evinacumab to rabbits during organogenesis resulted in greater fetal malformations at doses below the human exposure. Advise patients who may become pregnant of the risk to a fetus. There is insufficient data for risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes from evinacumab. Consider obtaining a pregnancy test prior to initiating treatment with evinacumab. Advise patients who may become pregnant to use effective contraception during treatment with evinacumab and for at least 5 months following the last dose of evinacumab. If a patient becomes pregnant while receiving evinacumab, healthcare providers should report evinacumab exposure by calling 1-833-385-3392.
    b. Lactation: There is no data on the presence of evinacumab in human or animal milk, its effects on the breastfed infant, or its effect on milk production. The benefits of evinacinumb must be weighed against the potential risks for the breastfed infant.

G. Pharmacokinetics:

1. Onset of action: within 2 weeks
2. Volume of distribution: 4.7 L in adult patients
3. Metabolism: evinacumab is expected to be degraded into small peptides and amino acids via catabolic pathways.
4. Elimination half-life: serum concentration is detectable up until ~ 20 weeks after last steady state dose

H. Adverse Reactions:

1. Cardiovascular: transient reduction diastolic blood pressure and increase in heart rate (frequency undefined)
2. Gastrointestinal: nausea (5%), abdominal pain (<3%), constipation (<3%)
3. Hypersensitivity: anaphylaxis (1%)
4. Musculoskeletal: limb pain (4%)
5. Nervous system: dizziness (6%), asthenia (4%),
6. Respiratory: nasopharyngitis (16%), flu-like symptoms (7%), rhinorrhea (5%), nasal congestion (<3%), upper respiratory tract infection (<3%)
7. Miscellaneous: fatigue (15% of patients aged 5-11), infusion related reaction (7%; including injection site pruritus, fever, nausea, and nasal congestion)

I. Drug Interactions: drug-drug interactions may exist. Consult interaction database for patient specific assessment.

IV. ADMINISTRATIVE GUIDELINES

A. Administration: IV infusions should be given immediately after reconstitution and dilution. Begin infusion within 4 hours of preparation per current USP Immediate-Use Guidelines.

B. Use a sterile, in-line or add-on, **0.2-micron to 5-micron** filter during administration.

C. Do not mix other medications with evinacumab or administer other medications concomitantly via the same infusion line.

D. Slow, interrupt, or discontinue the rate of infusion if the patient develops any signs of adverse reactions, including infusion or hypersensitivity reactions.

E. Can be administered without regard to the timing of lipoprotein apheresis.

V. NURSING PROCEDURE

A. Supplies may include but are not limited to:

1. Alcohol Swabs
2. Gloves
3. Tape
4. IV access supplies as applicable
    a. Peripheral IV access supplies for patients requiring peripheral IV access
        1) IV start Kit
        2) Peripheral IV catheter (ex. 22 Gauge x1" and 24 Gauge x ¾")
        3) Extension set 8" with needless connector
    b. Port access supplies for patients with a port
        1) Port needle (ex. 22 Gauge x ¾ to 1" safe step)
        2) Needless connector
        3) Central line dressing change kit
5. IV Pole
6. IV administration set (flow regulator or gravity tubing) with in-line or add- on 0.2 to 5-micron filter
7. Syringes (1-20 mL) with needles (20 G x 1")
8. Sharps container
9. Supplies if utilizing a pole mounted ambulatory infusion pump:
    a. Ambulatory pump tubing with **0.2 to 5 micron filter**
    b. Pole mounted ambulatory pump
    c. Batteries for ambulatory pump (Ex: 9 Volt Duracell battery or 4 Double A batteries)
    d. Battery change procedure teaching sheet
    e. Continuous delivery mode teaching sheet
    f. Pump return box

B. Prescription items:

1. Evinacumab vial(s)
2. 50-250 mL of 0.9% Sodium Chloride Injection, USP (dilution volume is concentration dependent)
3. Standard flushes per protocol
4. Anaphylaxis Kit

C. How Supplied: Evinacumab is a clear to slightly opalescent, colorless to pale yellow solution. It is

supplied as one of the following single-dose vials for dilution prior to IV infusion:

1. 345 mg/2.3 mL (150 mg/mL)
2. 1200 mg/8 mL (150 mg/mL)

D. Storage and Handling:

1. Refrigerate vials at 2 °C to 8 °C (36 °F to 46 °F) in original carton to protect from light. Do not freeze or shake.

E. Compatibility:

1. Final diluted product is stable in 0.9% sodium chloride or D5W.

F. Procedures:

1. Explain the reasoning for the visit and use of evinacumab.
2. Don gloves.
3. Assess for signs and symptoms of infection prior to establishing venous access and preparing medication. Notify ordering physician and pharmacist if signs or symptoms are present.
4. Establish venous access prior to preparation of drug.
5. Counsel patient on warnings, precautions, and potential side effects including but not limited to: hypersensitivity reactions, embryo-fetal toxicity, and more common side effects such as flu and cold-like symptoms, nausea, and dizziness.
6. Prepare Product:

    a. Allow solution to come to room temperature prior to administration.
    b. Calculate the dose (mg), total volume (mL) of evinacumab required, and the number of vials required based on the patient's current body weight.
    c. Visually inspect the solution for integrity prior to preparation. Do not administer if the solution is cloudy or discolored or contains particulate matter.
    d. Withdraw the required volume from the vial(s) of evinacumab and transfer into an IV infusion bag containing a maximum volume of 250 mL (see table below for maximum diluent volume by patient weight) of 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP. Mix the diluted solution by gentle inversion. Do not shake.

Patient Weight	**Maximum Diluent Volume**
3 kg to less than 26 kg	5 mL/kg
26 kg to less than 45 kg	150 mL
45 kg and greater	250 mL

    The final concentration of the diluted solution should be between **0.5 mg/mL and 20 mg/mL** depending on the patient's current body weight.
    e. Administer the diluted solution immediately after preparation and discard any unused portion left in the vial.

7. Infusion Rates: infuse diluted evinacumab solution intravenously over 60 minutes.
8. IV infusions should be given immediately after reconstitution and dilution. Begin infusion within 4 hours of preparation per current USP Immediate-Use Guidelines
9. Post infusion monitoring: Monitor patient and vital signs periodically during the infusion and 30

minutes after the infusion is complete per CarePathRx Nursing Best Practice Administration Guidelines.

VI. CLINICAL MONITORING

A. Prior to therapy:

1. Baseline lipid panel
2. Rule out pregnancy prior to therapy initiation

B. During therapy:

1. Signs/symptoms of hypersensitivity reactions
    a. Advise patients to contact their healthcare provider immediately if they experience signs or symptoms of a hypersensitivity reaction.
2. Assess LDL-C when clinically appropriate. Measured as early as 2 weeks after initiating therapy
3. Advise patients who may become pregnant to monitor for pregnancy and use contraception during treatment and for at least 5 months following the last dose

Please refer to the package insert for the most up to date guidance on this medication.

REFERENCES:

Evkeeza (evinacumab) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; September 2025.

United States Pharmacopeia (USP). General Chapter, <797> Pharmaceutical Compounding—Sterile Preparations. (2023) USP-NF. Rockville, MD: United States Pharmacopeia. Accessed December 15, 2025.

APPENDIX A: ANAPHYLAXIS KIT INTRUCTIONS

Emergency Medication After Your Infusion

Please call your pharmacy if you have any questions or concerns. In the event of an emergency, always call 911.

Your nurse will tell you when you need to use Emergency Medications.
The epinephrine dose will be noted on the Anaphylaxis Protocol included with your kit.

Start with a clean work surface and clean hands.

Open the supply bag labeled Anaphylaxis Kit Contents.

You will need:

1. **Bag containing Pills** (2 Acetaminophen and 2 Diphenhydramine)
2. **Bag containing Alcohol Prep Pads**
3. **Bag labeled IM Epinephrine**

All other contents will not be needed.

Open the IM Epinephrine Bag

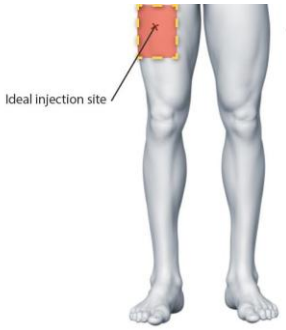
1. **Remove 1 of each item**
    a. 1 -syringe
    b. 1 – brown labeled filter needle (BD Filter Needle)- **for ampule use only**
    c. 1 – black labeled safety needle (Magellan Hypodermic Safety Needle 22G x 1”)
    d. 1 ampule of epinephrine

Prepare IM (intramuscular) injection of Epinephrine:

1. **Attach the brown filtered needle to syringe**
    a. Be careful to not touch the tip of the syringe or the needle.
2. Using an **alcohol swab, wipe the neck of the epinephrine ampule.**
3. Holding the ampule upright, **swirl and flick the ampule until all fluid flows to the bottom chamber** (the top chamber should be empty).

4. Using a new alcohol wipe, grasp the neck of the ampule and with your other hand grasp the bottom chamber of the ampule. **Quickly snap the top of the ampule off, directing the snap way from you.**
5. **Place the tip of the brown filter needle inside the ampule**. Tilting the ampule, **withdraw dose of medication into the syringe** by gently pulling back on the plunger. Be careful to not pull the plunger out of the syringe.
6. Remove the needle from the ampule and h**old the syringe upright** with the needle pointing upward. **Gently tap the side of the syringe to bring any air to the top of the syringe.**
7. **Push the air out of the syringe by gently pushing on the plunger**.
8. Replace the cap on the brown filter needle. Discard remainder in ampule.
9. **Remove the brown filter needle and place the black safety needle onto the syringe.**

Give your IM Epinephrine injection



1. **Grasp your leg muscle at the outer mid-thigh** and **cleanse the area** with a new alcohol wipe.
2. **Push the needle into your leg muscle straight** in at a 90-degree angle.
3. **Inject the medication** by depressing the plunger in a slow and steady motion.
4. **Remove the needle** and wipe the site with the alcohol wipe.
5. May repeat dose every 5 minutes (**maximum 3 doses**) if ordered per protocol.

Take the pills by mouth.

a. 2 – Acetaminophen
b. 2 – Diphenhydramine

Place all trash in the bag the pills came in and take with you when you seek medical care. **Give the bag to the nurse or EMT**, so your doctor will know what medication you already took. They will properly dispose of the syringe and needles.
Call 911 or have someone drive you to the emergency department.