

Pharmacy Drug Policy & Procedure

Policy Name:	Leqvio (inclisiran)	Policy #:	3133P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Legvio.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Leqvio under the medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of heterozygous familial hypercholesterolemia (HeFH) or high risk of ASCVD (atherosclerotic cardiovascular disease) defined by one of the following:
 - Myocardial infarction (heart attack)
 - Acute coronary syndromes
 - Coronary artery disease
 - Stable or unstable chest pain
 - Coronary or other arterial revascularization
 - Stroke
 - Transient ischemic attack (type of stroke)
 - Peripheral artery disease
- 1.2 Age 18 years or older
- 1.3 Documentation of concurrent statin (such as atorvastatin) use at maximally tolerated dose and ezetimibe (generic for Zetia) for at least 4 months, or contraindication to these medications
- 1.4 Documentation of trial and failure, or contraindication to Praluent or Repatha

2. Exclusion Criteria

2.1 Lequio will not be covered if used in combination with PCSK9-inhibitors, Praluent or Repatha

3. Approval Period

- 3.1 Initial Period: 12 months
- 3.2 Subsequent Approvals: 12 months with documentation of LDL-C (Low Density Lipoprotein or "bad" cholesterol) reduction and continued use of maximally tolerated statin unless contraindicated

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CPT Codes				
HCPCS Codes				

References

- 1. Leqvio (inclisiran) [prescribing information]. East Hanover, NJ: Novartis Pharmaceutical Corporation; July 2023.
- 2. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/ NLA/PCNA guideline on the management of blood cholesterol: a report of the American College of Cardiology/ American Heart Association task force on clinical practice guidelines. Circulation. 2019;139(25):e1082-e1143..

3. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC expert consensus decision pathway on the role of nonstatin therapies for LDL-cholesterol lowering in the management of atherosclerotic cardiovascular disease risk: a report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol. 2022;80(14):1366-1418.

Created Date: 06/01/22 Effective Date: 06/01/22 Posted to Website: 06/01/22 Revision Date: 06/05/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.