

POLICY NAME	Leqvio (inclisiran)	POLICY #	3133P
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Criteria

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

Exclusion Criteria – Any of the following prevents coverage

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