

## **Pharmacy Drug Policy Checklist**

POLICY NAME Leqvio (inclisiran) POLICY # 3133P

## Criteria

Coverage Criteria	
	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
	Age 18 years or older
	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
	Documentation of trial and failure, or contraindication to Praluent or Repatha
Exclusion Criteria – Any of the following prevents coverage	
	Legvio will not be covered if used in combination with PCSK9-inhibitors, Praluent or Repatha