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

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