Policy Title:	Leqvio (inclisiran) (Subcutaneous)		
		Department:	PHA
Effective Date:	09/01/2022		
Review Date:	8/4/2022		

Purpose: To support safe, effective and appropriate use of Leqvio (inclisiran).

Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

Policy Statement:

Leqvio (inclisiran) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:
Coverage of Leqvio (inclisiran) will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria:
MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements

- Patient is at least 18 years of age; AND
- Patient is not on concomitant PCSK9- or ANGPTL3- inhibitors (i.e., alirocumab,
- evolocumab, evinacumab, etc.); AND
- Must be prescribed by, or in consultation with, a specialist in cardiology, lipidology, or
- endocrinology; AND
- Documentation of current LDL-C level for both initial and continuation requests. The LDL-C level must be dated within the six months preceding the authorization request.

Atherosclerotic Cardiovascular Disease (ASCVD) †

- Therapy will be used in conjunction with diet alone or in conjunction with other lipid-lowering therapies unless the patient is unable to tolerate (e.g., statins, ezetimibe); AND
- Patient is at high risk of atherosclerotic cardiovascular disease (ASCVD) with documented history of one of the following:
    - Myocardial infarction
    - Acute coronary syndromes
    - Coronary artery disease
    - Stable or unstable angina
    - Coronary or other arterial revascularization
    - Stroke

  - Transient ischemic attack
  - Peripheral arterial disease
- Patient has a prior treatment history with the highest available dose or maximally-tolerated dose***** of high intensity HMG-CoA reductase inhibitors (i.e., 'statin' therapy: atorvastatin 40 mg or 80 mg daily, rosuvastatin 20 mg or 40 mg daily, or simvastatin 80 mg daily), unless contraindicated; AND
- Patient has been adherent to ezetimibe used concomitantly with a statin at maximally tolerated dose for at least three months unless contraindicated; AND
- Patient must have an inadequate treatment response, intolerance or contraindication to treatment with PCSK9 inhibitor therapy for at least 3 months (i.e., alirocumab, evolocumab, etc.)
- Patient has failed to reach a target LDL-C level ≤ 70mg/dL, despite physician attestation that the patient is adherent to maximally-tolerated doses***** of statins and ezetimibe and/or PCSK9 inhibitor therapy prior to the lipid panel demonstrating suboptimal reduction; OR

Heterozygous Familial Hypercholesterolemia (HeFH)

- Provider submits diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH) as confirmed by genotyping OR by patient having a first-degree relative similarly affected or with premature coronary vascular disease (CVD) or with positive genetic testing for a LDL-C raising gene defect (LDL receptor, apoB, or PCSK9); AND
- Therapy will be used in conjunction with diet alone or in conjunction with other lipid-lowering therapies unless the patient is unable to tolerate (e.g., statins, ezetimibe);
- Patient has prior treatment history with the highest available age-appropriate dose or maximally-tolerated dose***** of high intensity HMG-CoA reductase inhibitors (i.e., 'statin' therapy: atorvastatin 40 mg or 80 mg daily, rosuvastatin 20 mg or 40 mg daily, or simvastatin 80 mg daily), unless contraindicated; AND
- Patient has been adherent to ezetimibe used concomitantly with a statin when LDL-C levels are ≥ 100mg/dl at maximally tolerated dose for at least three months unless contraindicated; AND
- Patient must have an inadequate treatment response, intolerance or contraindication to treatment with PCSK9 inhibitor therapy for at least 3 months (i.e., alirocumab, evolocumab, etc.); AND
- Patient has failed to reach a target LDL-C despite physician attestation that the patient is adherent to maximally-tolerated doses***** of statins and ezetimibe and/or PCSK9 inhibitor prior to the lipid panel demonstrating suboptimal reduction; AND
- Used as one of the following:
    - For primary prevention (i.e., patients without ASCVD) and LDL-C ≥100 mg/dL; OR
    - For secondary prevention (i.e., patients with ASCVD) and LDL-C ≥70 mg/dL

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

*If the patient is not able to use a maximum dose of atorvastatin or rosuvastatin due to muscle symptoms, a causal relationship must be established between statin use and muscle symptoms.

- Patient has evidence of pain, tenderness, stiffness, cramping, weakness, and/or fatigue and all of the following:
  - Muscle symptoms resolve after discontinuation of statin; AND
  - Muscle symptoms occurred when re-challenged at a lower dose of the same statin; AND
  - Muscle symptoms occurred after switching to an alternative statin; AND
  - Non-statin causes of muscle symptoms (e.g., hypothyroidism, reduced renal function, reduced hepatic function, rheumatologic disorders, such as polymyalgia rheumatica, steroid myopathy, vitamin D deficiency, or primary muscle disease) have been ruled-out; OR
- The patient has been diagnosed with rhabdomyolysis associated with statin use
  - The diagnosis should be supported by acute neuromuscular illness or dark urine AND an acute elevation in creatine kinase (usually > 5,000 IU/L or 5 times the upper limit of normal [ULN])

Continuation of Therapy Criteria:

Coverage can be renewed based upon the following criteria:

- Patient continues to meet initial criteria universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), etc.; AND
- Absence of unacceptable toxicity from therapy. Examples of unacceptable toxicity include severe injection site reactions, etc.; AND
- Documentation that patient has had a reduction in LDL-C when compared to the baseline labs (prior to initiating inclisiran); AND
- Patient continues to adhere to diet and/or lipid lowering therapy established prior to the original approval

Coverage durations:

- Initial coverage: 6 months
- Continuation of therapy coverage: 12 months

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable.***

Dosage/Administration:

Indication	Dose	Maximum dose (1 billable unit = 1 mg)
Established cardiovascular disease or primary hyperlipidemia (including heterozygous familial hypercholesterolemia [HeFH])	Administer subcutaneously, in combination with maximally tolerated statin therapy, 284 mg as a single subcutaneous injection initially, again at 3 months, and then every 6 months.	284 billable units at months 0, 3, and then every 6 months
Assess LDL-C when clinically indicated. The LDL-lowering effect of Leqvio may be measured as early as 30 days after initiation and anytime thereafter without regard to timing of the dose. Leqvio should be administered by a healthcare professional.		

Appendix:

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

HCPCS/CPT Code	Description
J1306	Injection, inclisiran, 1mg

References:

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