

# Leqvio® (Inclisiran)

Policy Number: 2023D00101C  
Effective Date: January 1, 2023

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a>	1
<a href="#">Definitions</a>	3
<a href="#">Applicable Codes</a>	3
<a href="#">Background</a>	4
<a href="#">Benefit Considerations</a>	4
<a href="#">Clinical Evidence</a>	4
<a href="#">U.S. Food and Drug Administration</a>	5
<a href="#">Centers for Medicare and Medicaid Services</a>	5
<a href="#">References</a>	6
<a href="#">Policy History/Revision Information</a>	6
<a href="#">Instructions for Use</a>	8

## Coverage Rationale

➔ See [Benefit Considerations](#)

Leqvio (inclisiran) is proven and medically necessary for the treatment of heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD) in patients who meet all of the following criteria:<sup>1,2</sup>

- For initial therapy, all of the following:
  - Diagnosis of one of the following:
    - Heterozygous familial hypercholesterolemia (HeFH) as confirmed by one of the following:
      - Both of the following:
        - Pre-treatment LDL-C greater than or equal to 190 mg/dL (greater than or equal to 155 mg/dL if less than 16 years of age); and
        - One of the following:
          - Family history of myocardial infarction in first-degree relative < 60 years of age; or
          - Family history of myocardial infarction in second-degree relative < 50 years of age; or
          - Family history of LDL-C greater than or equal to 190 mg/dL in first- or second-degree relative; or
          - Family history of heterozygous or homozygous familial hypercholesterolemia in first- or second-degree relative; or
          - Family history of tendinous xanthomata and/or arcus cornealis in first- or second degree relative
      - or
      - Both of the following:
        - Pre-treatment LDL-C greater than or equal to 190 mg/dL (greater than or equal to 155 mg/dL if less than 16 years of age); and
        - One of the following:
          - Functional mutation in LDL, apoB, or PCSK9 gene; or
          - Tendinous xanthomata; or
          - Arcus cornealis before age 45

- Atherosclerotic cardiovascular disease (ASCVD) as confirmed by one of the following:

- Acute coronary syndromes; or
- History of myocardial infarction; or
- Stable or unstable angina; or
- Coronary or other arterial revascularization; or
- Stroke; or
- Transient ischemic attack; or
- Peripheral arterial disease presumed to be of atherosclerotic origin

and

- One of the following:

- Patient has been receiving at least 12 consecutive weeks of high intensity statin therapy [i.e. atorvastatin 40-80 mg, rosuvastatin 20-40 mg] and will continue to receive a high intensity statin at maximally tolerated dose

or

- Both of the following:

- Patient is unable to tolerate high-intensity statin as evidenced by one of the following intolerable and persistent (i.e. more than 2 weeks) symptoms:
  - Myalgia (muscle symptoms without CK elevations); or
  - Myositis (muscle symptoms with CK elevations < 10 times upper limit of normal [ULN])

and

- Patient has been receiving at least 12 consecutive weeks of low-intensity or moderate-intensity statin therapy [i.e. atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin ≥ 10 mg, pravastatin ≥ 10 mg, lovastatin 20-40 mg, Lescol XL (fluvastatin XL) 80 mg, fluvastatin 20-40 mg up to 40mg twice daily or Livalo (pitavastatin) ≥ 1 mg] and will continue to receive a low-intensity or moderate-intensity statin at maximally tolerated dose

or

- Patient is unable to tolerate low or moderate-, and high-intensity statins as evidenced by one of the following:
  - One of the following intolerable and persistent (i.e. more than 2 weeks) symptoms for low or moderate-, and high-intensity statins:
    - Myalgia (muscle symptoms without CK elevations); or
    - Myositis (muscle symptoms with CK elevations < 10 times upper limit of normal [ULN])
  - or
  - Patient has a labeled contraindication to all statins
  - or
  - Patient has experienced rhabdomyolysis or muscle symptoms with statin treatment with CK elevations > 10 times ULN

and

- One of the following:

- One of the following LDL-C values while on maximally tolerated lipid lowering therapy for a minimum of at least 12 weeks within the last 120 days or 120 days prior to starting Leqvio therapy:

- LDL-C ≥ 100 mg/dL with ASCVD; or
- LDL-C ≥ 130 mg/dL without ASCVD

or

- Both of the following:

- One of the following LDL-C values while on maximally tolerated lipid lowering therapy for a minimum of at least 12 weeks within the last 120 days or 120 days prior to starting Leqvio therapy:
  - LDL-C between 70 mg/dL and 99 mg/dL with ASCVD; or
  - LDL-C between 100 mg/dL and 129 mg/dL without ASCVD

and

- One of the following:
  - Patient has been receiving at least 12 consecutive weeks of ezetimibe (Zetia®) therapy as adjunct to maximally tolerated statin therapy; or
  - Patient has a history of contraindication, or intolerance to ezetimibe

and

- Used as an adjunct to a low-fat diet and exercise; and
- Leqvio will not be used in combination with PCSK9 inhibitor therapy; and

- Prescriber attests to the following: the information provided is true and accurate to the best of their knowledge and they understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided; and
- Leqvio dosing is in accordance with the United States Food and Drug Administration approved labeling; and
- Initial authorization will be for no more than 12 months.
- For continuation of therapy, all of the following:
  - Documentation of a positive clinical response to therapy from pre-treatment baseline (e.g., achieved LDL-C goal of < 100 mg/dL or achieved a 50% reduction in LDL-C levels); and
  - Patient continues to receive statin at maximally tolerated dose (unless patient has an inability to take statins) in combination with Leqvio; and
  - Patient is continuing a low-fat diet and exercise regimen; and
  - Leqvio will not be used in combination with PCSK9 inhibitor therapy; and
  - Prescriber attests to the following: the information provided is true and accurate to the best of their knowledge and they understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided; and
  - Leqvio dosing is in accordance with the United States Food and Drug Administration approved labeling; and
  - Reauthorization will be for no more than 12 months.

## Definitions

**High Risk Conditions:** Defined as:

- Age ≥ 65 years
- Heterozygous familial hypercholesterolemia
- History of prior coronary artery bypass surgery or PCI outside of the major ASCVD event(s)
- Diabetes Mellitus
- Hypertension
- Chronic kidney disease (eGFR 15-59 mL/min/1.73 m<sup>2</sup>)
- Current smoking
- Persistently elevated LDL-C (LDL-C ≥ 100 mg/dL (≥ 2.6 mmol/L)) despite maximally tolerated statin therapy and ezetimibe
- History of congestive heart failure

**Major ASCVD Events:** For the purposes of this policy, Major ASCVD Events are defined as:

- Recent acute coronary syndrome (within the past 12 months)
- History of myocardial infarction (other than recent acute coronary syndrome event listed above)
- History of ischemic stroke
- Symptomatic peripheral arterial disease (history of claudication with ankle brachial index < 0.85, or previous revascularization or amputation)

**Very High Risk:** Defined as a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPSC Code	Description
J1306	Injection, inclisiran, 1 mg

Diagnosis Code	Description
E78.01	Familial hypercholesterolemia

Diagnosis Code	Description
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris

## Background

Atherosclerosis is an accumulation of lipids (mostly low-density lipoprotein cholesterol [LDL-C]) in the inner lining of the arteries over time. An atherosclerotic cardiovascular event (such as heart attack or stroke) can be caused by an unexpected rupture of the atherosclerotic plaque. Proprotein convertase subtilisin/kexin type 9 (PCSK9), which is synthesized primarily in hepatocytes, enters circulation, and binds to hepatic LDL receptors, targeting the LDL receptors for degradation. In turn, this process reduces the capacity of the liver to bind and remove LDL-C, resulting in increased LDL-C levels. The binding of PCSK9 by monoclonal antibodies has been shown to reduce LDL-C levels by more than 50%.<sup>3,4,5,6</sup>

Inclisiran is a cholesterol-lowering double-stranded small interfering ribonucleic acid (siRNA), conjugated on the sense strand with triantennary N-acetylgalactosamine (GalNAc), to facilitate uptake by hepatocytes. Utilizing the RNA interference mechanism, inclisiran directs catalytic breakdown of mRNA in hepatocytes for PCSK9. This increases LDL-C receptor recycling and expression, therefore increasing LDL-C uptake and reducing LDL-C levels in circulation.<sup>1</sup>

## Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Policy and Procedure addressing the treatment of serious rare diseases.

## Clinical Evidence

Inclisiran is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).<sup>1</sup>

ORION-9 (NCT03397121) was a phase 3, randomized, double-blind, placebo-controlled trial, that evaluated the use of inclisiran in adult patients with heterozygous familial hypercholesterolemia (HeFH) who have been treated with a maximally tolerated dose of statin therapy. The study randomly assigned in a 1:1 ratio, 242 patients to receive inclisiran and 240 to receive placebo. 25% of patients had preexisting coronary artery disease and 10% had diabetes. The mean baseline LDL-C level was 153.1 mg/dL ( $\pm$ 54 mg/dL). 90% of patients were receiving statins, including 75% who were on a high intensity statin. More than 50% were also receiving ezetimibe. The primary end points were the percent change from baseline in the LDL-C level at day 510 and time adjusted percent change from baseline in the LDL-C level between day 90 and day 540. 91.7% of patients in the inclisiran group completed the trial activities through day 540. Secondary endpoints included mean absolute change from baseline in LDL-C at day 510, time-adjusted absolute reduction from baseline between day 90 and day 540, and changes in levels of PCSK9, total cholesterol, apolipoprotein B, and non-high-density lipoprotein (HDL) cholesterol. Prespecified exploratory end points included the proportion of patients who met lipid targets for their level of cardiovascular risk and treatment response according to genotype of familial hypercholesterolemia. Study results showed at day 510, the percent change in LDL-C level was a reduction of 39.7% (95% CI -43.7 to -35.7) in the inclisiran group and an increase of 8.2% (95% CI, 4.3 to 12.2) in the placebo group; the between-group difference was -47.9 percentage points (95% CI, -53.5 to -42.3;  $p < 0.001$ ). The time-averaged percent change in the LDL cholesterol level between day 90 and day 540 was a reduction of 38.1% (95% CI, -41.1 to -35.1) in the inclisiran group and an increase of 6.2% (95% CI, 3.3 to 9.2) in the placebo group, for a between-group difference of -44.3 percentage points (95% CI, -48.5 to -40.1;  $p < 0.001$ ). Secondary endpoint analysis showed the mean absolute change from baseline in the LDL-C level at day 510 had a between-group difference of -68.9 mg/dL (95% CI, -77.1 to -60.7;  $p < 0.001$ ). Additionally, the time-averaged observed difference in LDL cholesterol levels between day 90 and day 540 showed a between-group difference of -62.6 mg/dL ( $p < 0.001$ ). At day 510, a reduction from baseline in the mean LDL cholesterol level

of 50% or more was reported in 38% of patients in the inclisiran group (compared to 0.8% in the placebo group;  $p < 0.001$ ). 65.3% of patients achieved an LDL-C level of less than 100 mg/dL. The authors concluded that among adults with HeFH, those who received inclisiran had significantly lower levels of LDL-C, than those who received placebo.<sup>6</sup>

Two randomized, double-blind, placebo-controlled, parallel-group phase 3 trials, ORION-10 (NCT03399370) ( $n = 1561$ ) and ORION-11 (NCT03400800) ( $n = 1617$ ), were conducted to assess the efficacy, safety, and adverse-event profile of inclisiran over a period of 19 months in patients at high risk for cardiovascular disease in whom LDL-C levels remained elevated, despite use of a maximally tolerated statin therapy with or without additional lipid-lowering therapy. Randomization was stratified according to background use of statins, where patients were assigned 1:1 to receive either inclisiran or placebo on days 1, 90, 270, and 450. The primary endpoints in each trial were placebo-corrected percent change in LDL-C level from baseline to day 510 and time-adjusted percent change in LDL-C level from baseline after day 90 and up to day 540. Secondary endpoints included mean absolute change from baseline in LDL-C at day 510, time-adjusted absolute reduction from baseline between day 90 and day 540, and changes in levels of PCSK9, total cholesterol, apolipoprotein B, and non-high-density lipoprotein (HDL) cholesterol. The mean LDL-C level at baseline was  $104.7 \pm 38.3$  mg/dL (ORION-10) and  $105.5 \pm 39.1$  mg/dL (ORION-11). Additionally 68% of patients were receiving high-intensity statins. The primary endpoint analysis showed at day 510, inclisiran reduced LDL-C by 52.3% (95% CI, 48.8 to 55.7) in the ORION-10 trial and by 49.9% (95% CI, 46.6 to 53.1) in the ORION-11 trial, with corresponding time-adjusted reductions of 53.8% (95% CI, 51.3 to 56.2) and 49.2% (95% CI, 46.8 to 51.6) ( $p < 0.001$  for all comparisons vs. placebo). Authors concluded that reductions in LDL-C levels of approximately 50% were obtained with inclisiran, when administered every 6 months.

## Professional Societies

The American College of Cardiology/American Heart Association Task Force published their clinical practice guidelines for the management of blood cholesterol in 2018. In regards to those with severe hypercholesterolemia (LDL-C  $\geq 190$  mg/dL), the guideline recommends:<sup>5</sup>

- In patients 20 to 75 years of age with an LDL-C level of 190 mg/dL or higher ( $\geq 4.9$  mmol/L) maximally tolerated statin therapy is recommended (Level I; B-R)
- In patients 20 to 75 years of age with an LDL-C level of 190 mg/dL or higher ( $\geq 4.9$  mmol/L) who achieve less than a 50% reduction in LDL-C while receiving maximally tolerated statin therapy and/or have an LDL-C level of 100 mg/dL or higher ( $\geq 2.6$  mmol/L) ezetimibe therapy is reasonable (Level IIa; B-R)
- In patients 20 to 75 years of age with a baseline LDL-C level 190 mg/dL or higher ( $\geq 4.9$  mmol/L), who achieve less than a 50% reduction in LDL-C levels and have fasting triglycerides 300 mg/dL or lower ( $\leq 3.4$  mmol/L) while taking maximally tolerated statin and ezetimibe therapy, the addition of a bile acid sequestrant may be considered (Level IIb; B-R)
- In patients 30 to 75 years of age with heterozygous FH and with an LDL-C level of 100 mg/dL or higher ( $\geq 2.6$  mmol/L) while taking maximally tolerated statin and ezetimibe therapy, the addition of a PCSK9 inhibitor may be considered (Level IIb; B-R)
- In patients 40 to 75 years of age with a baseline LDL-C level of 220 mg/dL or higher ( $\geq 5.7$  mmol/L) and who achieve an on-treatment LDL-C level of 130 mg/dL or higher ( $\geq 3.4$  mmol/L) while receiving maximally tolerated statin and ezetimibe therapy, the addition of a PCSK9 inhibitor may be considered (Level IIb; C-LD)

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Leqvio is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).<sup>1</sup>

## Centers for Medicare and Medicaid Services (CMS)

Medicare does not have a National Coverage Determination (NCD) for Leqvio® (Inclisiran). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

In general, Medicare covers outpatient (Part B) drugs that are furnished "incident to" a physician's service provided that the drugs are not usually self-administered by the patients who take them. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §50 - Drugs and Biologicals](#).  
(Accessed October 28, 2022)

\*Preferred therapy criteria for Medicare Advantage members, refer to Medicare Part B Step Therapy Programs

## References

1. Leqvio [package insert]. East Hanover, New Jersey: Novartis Pharmaceuticals Corporation; December 2021.
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: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines.
3. Banerjee Y, Shah K, Al-Rasadi K. Effect of a monoclonal antibody to PCSK9 on LDL cholesterol. *N Engl J Med*. 2012;366(25):2425-2426.
4. Ray KK, Landmesser U, Leiter LA, et al. Inclisiran in Patients at High Cardiovascular Risk with Elevated LDL Cholesterol. *N Engl J Med*. 2017;376(15):1430-1440.
5. Ray KK, Wright RS, Kallend D, et al. Two Phase 3 Trials of Inclisiran in Patients with Elevated LDL Cholesterol. *N Engl J Med*. 2020;382(16):1507-1519.
6. Raal FJ, Kallend D, Ray KK, et al. Inclisiran for the Treatment of Heterozygous Familial Hypercholesterolemia. *N Engl J Med*. 2020;382(16):1520-1530.
7. Austin MA, Hutter CM, Zimmern RL, Humphries SE. Genetic causes of monogenic heterozygous familial hypercholesterolemia: a HuGE prevalence review. *American journal of epidemiology*. 2004;160:407-420.
8. Haase A, Goldberg AC. Identification of people with heterozygous familial hypercholesterolemia. *Current opinion in lipidology*. 2012;23:282-289.
9. Nordestgaard BG, Chapman MJ, Humphries SE, et al. Familial hypercholesterolaemia is underdiagnosed and undertreated in the general population: guidance for clinicians to prevent coronary heart disease: consensus statement of the European Atherosclerosis Society. *European heart journal*. 2013;34:3478-3490a.

## Policy History/Revision Information

Date	Summary of Changes
01/01/2023	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the Medical Policy titled <i>Provider Administered Drugs – Site of Care</i></li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Revised coverage criteria: <ul style="list-style-type: none"> <li><b>Initial Therapy</b> <ul style="list-style-type: none"> <li>Added criterion to allow coverage when atherosclerotic cardiovascular disease (ASCVD) is confirmed by stable or unstable angina</li> <li>Added criterion requiring: <ul style="list-style-type: none"> <li>One of the following: <ul style="list-style-type: none"> <li>Patient has been receiving at least 12 consecutive weeks of high intensity statin therapy [i.e., atorvastatin 40-80 mg, rosuvastatin 20-40 mg] and will continue to receive a high intensity statin at maximally tolerated dose</li> </ul> </li> <li>Both of the following: <ul style="list-style-type: none"> <li>Patient is unable to tolerate high-intensity statin as evidenced by one of the following intolerable and persistent (i.e., more than 2 weeks) symptoms: <ul style="list-style-type: none"> <li>Myalgia (muscle symptoms without CK elevations); or</li> <li>Myositis (muscle symptoms with CK elevations &lt; 10 times upper limit of normal [ULN])</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>



Date	Summary of Changes
	<ul style="list-style-type: none"> <li>• Patient has been receiving at least 12 consecutive weeks of low-intensity or moderate-intensity statin therapy [i.e., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin ≥ 10 mg, pravastatin ≥ 10 mg, lovastatin 20-40 mg, Lescol XL (fluvastatin XL) 80 mg, fluvastatin 20-40 mg up to 40mg twice daily or Livalo (pitavastatin) ≥ 1 mg] and will continue to receive a low-intensity or moderate-intensity statin at maximally tolerated dose</li> <li>– Patient is unable to tolerate low or moderate-, and high-intensity statins as evidenced by one of the following: <ul style="list-style-type: none"> <li>• One of the following intolerable and persistent (i.e., more than 2 weeks) symptoms for low or moderate-, and high-intensity statins: <ul style="list-style-type: none"> <li>○ Myalgia (muscle symptoms without CK elevations); or</li> <li>○ Myositis (muscle symptoms with CK elevations &lt; 10 times upper limit of normal [ULN])</li> </ul> </li> <li>• Patient has a labeled contraindication to all statins</li> <li>• Patient has experienced rhabdomyolysis or muscle symptoms with statin treatment with CK elevations &gt; 10 times ULN</li> </ul> </li> <li>▪ One of the following: <ul style="list-style-type: none"> <li>– One of the following LDL-C values while on maximally tolerated lipid lowering therapy for a minimum of at least 12 weeks within the last 120 days or 120 days prior to starting Leqvio therapy: <ul style="list-style-type: none"> <li>• LDL-C ≥ 100 mg/dL with ASCVD; or</li> <li>• LDL-C ≥ 130 mg/dL without ASCVD</li> </ul> </li> <li>– Both of the following: <ul style="list-style-type: none"> <li>• One of the following LDL-C values while on maximally tolerated lipid lowering therapy for a minimum of at least 12 weeks within the last 120 days or 120 days prior to starting Leqvio therapy: <ul style="list-style-type: none"> <li>○ LDL-C between 70 mg/dL and 99 mg/dL with ASCVD; or</li> <li>○ LDL-C between 100 mg/dL and 129 mg/dL without ASCVD</li> </ul> </li> <li>• One of the following: <ul style="list-style-type: none"> <li>○ Patient has been receiving at least 12 consecutive weeks of ezetimibe (Zetia®) therapy as adjunct to maximally tolerated statin therapy; or</li> <li>○ Patient has a history of contraindication, or intolerance to ezetimibe</li> </ul> </li> </ul> </li> </ul> </li> <li>▪ Used as an adjunct to a low-fat diet and exercise</li> <li>▪ Prescriber attests the information provided is true and accurate to the best of their knowledge and they understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided</li> <li>○ Removed criterion requiring: <ul style="list-style-type: none"> <li>▪ Leqvio is prescribed by a lipid specialist (e.g., cardiologist, endocrinologist, lipid specialist/lipidologist)</li> <li>▪ One of the following: <ul style="list-style-type: none"> <li>– Despite adherence to PCSK9 therapy (defined by at least 12 consecutive weeks of use), one of the following: <ul style="list-style-type: none"> <li>• Both of the following: <ul style="list-style-type: none"> <li>○ Patient has clinical ASCVD; and</li> <li>○ Patient failed to achieve LDL-C goal of &lt; 70 mg/dL</li> </ul> </li> <li>• Both of the following: <ul style="list-style-type: none"> <li>○ Patient has severe heterozygous familial hypercholesterolemia (HeFH) (pre-treatment LDL-C ≥ 190 mg/dL); and</li> <li>○ Patient failed to achieve LDL-C goal of &lt; 100 mg/dL</li> </ul> </li> </ul> </li> <li>– Patient has a history of intolerance or contraindication to PCSK9 therapy</li> </ul> </li> <li>▪ The patient will continue other traditional low-density lipoprotein-cholesterol (LDL-C) lowering therapies (e.g., maximally tolerated statins, ezetimibe) in combination with Leqvio</li> </ul> </li> </ul>

Date	Summary of Changes
	<p><b><i>Continuation of Therapy</i></b></p> <ul style="list-style-type: none"> <li>○ Added criterion requiring: <ul style="list-style-type: none"> <li>▪ Patient is continuing a low-fat diet and exercise regimen</li> <li>▪ Prescriber attests the information provided is true and accurate to the best of their knowledge and they understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided</li> </ul> </li> <li>○ Replaced criterion requiring “the patient continues <i>treatment with other traditional low-density lipoprotein-cholesterol (LDL-C) lowering therapies (e.g., statin, ezetimibe)</i> in combination with Leqvio” with “the patient continues <i>to receive statin at maximally tolerated dose (unless patient has an inability to take statins)</i> in combination with Leqvio”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>CMS</i> section to reflect the most current information</li> <li>● Archived previous policy version 2022D00101B</li> </ul>

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates.

UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.



## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this contract, your id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلی رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY: 711).