RX.PA.068.MPC Leqvio

PURPOSE

The purpose of this policy is to define the prior authorization process for Leqvio. (inclisiran).

Leqvio (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).

Statin Intensity (Per 2013 ACC/AHA Guidelines)

High-intensity Statin (lowers cholesterol by ≥ 50%)	Moderate-intensity Statin (lowers cholesterol by 30-50%)	Low-intensity Statin (lowers cholesterol by <30%)
• Atorvastatin 40-80 mg a day • Rosuvastatin 20-40mg a day	• Atorvastatin 10-20 mg a day • Rosuvastatin 5-10 mg a day • Simvastatin 20-40 mg a day • Pravastatin 40-80 mg a day • Lovastatin 40mg a day • Fluvastatin XL 80mg a day • Fluvastatin 40mg twice a day • Pitavastatin 2-4mg a day	• Simvastatin 10 mg a day • Pravastatin 10-20 mg a day • Lovastatin 20 mg a day • Fluvastatin 20-40 mg a day • Pitavastatin 1 mg a day

PROCEDURE

A. Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

1. Atherosclerotic Cardiovascular Disease:

- Must be 18 years of age or older
- Must be prescribed by or in consultation with a cardiologist, endocrinologist, or lipid specialist
- Diagnosis of ASCVD as evidenced by a history of any one of the following conditions:
  - Acute coronary syndromes (e.g. myocardial infarction, stable/unstable angina);
  - Clinically significant coronary heart disease (CHD) diagnosed by invasive or noninvasive testing (such as coronary angiography, stress test using treadmill, stress echocardiography, or nuclear imaging);
  - Coronary or other arterial revascularization;

    - Peripheral arterial disease presumed to be of atherosclerotic origin;
    - Stroke or transient ischemic attack (TIA);
- Documentation of recent labs (within the last 60 days) of an LDL-C ≥ 70 mg/dL demonstrating uncontrolled LDL-C beyond recommended goals while on maximally tolerated cholesterol lowering therapy
- Member must have an adequate trial of TWO high intensity statin together with ezetimibe for at least 3 months with demonstrated adherence and will continue to receive statin and/or ezetimibe therapy at maximally tolerated dose
    - If member is unable to tolerate high-intensity statins, a moderate intensity statin must be tried with ezetimibe for at least 3 months, unless contraindicated
- For members who are statin intolerant, member has tried at least two statins, one of which must be hydrophilic (pravastatin, fluvastatin, or rosuvastatin), and member meets one of the following:
    - Member has documented statin risk factors
    - Member is statin intolerant due to statin-associated muscle symptoms (SAMS) and meets both of the following:
        - Documentation of intolerable SAMS persisting at least two weeks, which disappeared with discontinuing the statin therapy and recurred with a statin re-challenge;
        - Documentation of re-challenge with titration from lowest possible dose and/or intermittent dosing frequency (e.g., 1 to 3 times weekly)
- Must have an adequate trial (of at least 3 months) of Praluent (18 years and older) and Repatha (13 years and older) with an inadequate response or significant side effects/toxicity or have a contraindication to therapy
- Leqvio will not be used in combination with PCSK9 inhibitor therapy, Juxtapid, or Evkeeza
- Leqvio will be used as an adjunct to a low-fat diet and exercise

2. Heterozygous Familial Hypercholesterolemia

- Must be 18 years of age or older
- Must be prescribed by or in consultation with a cardiologist, endocrinologist, or lipid specialist
- Diagnosis of HeFH is confirmed by one of the following:
    - World Health Organization (WHO)/Dutch Lipid Network familial hypercholesterolemia diagnostic criteria score of > 8 as determined by requesting provider

	Clinical Signs	Score
Family History	First degree relative known with premature (men < 55 years; women < 60 years) coronary and vascular diseases	1
	First degree relative known with LDL-cholesterol >95th percentile	1
	First degree relative with tendon xanthomas and/or arcus cornealis	2
	Children below 18 years with LDL-C >95th percentile	2
Clinical History	Patient has premature (men < 55 years; women < 60 years) CAD	2
	Patient has premature (men < 55 years; women < 60 years) cerebral or peripheral vascular disease	1
Physical Examination	Tendon xanthomas	6
	Arcus cornealis below the age of 45 years	4
Laboratory Analysis	LDL-C > 330 mg/dL (8.5 mmol/L)	8
	LDL-C = 250-329 mg/dL (6.5-8.4 mmol/L)	5
	LDL-C = 190-249 mg/dL (5.0-6.4 mmol/L)	3
	LDL-C = 155-189 mg/dL (4.0-4.9 mmol/L)	1
DNA Analysis	Functional mutation LDL receptor gene present	8

  - Definite diagnosis per Simon Broome criteria defined by meeting BOTH of the following:
    - Must have Total Cholesterol (TC) > 290 mg/dL or LDL-C > 190 mg/dL AND
    - One of the following:
      - Family history of tendon xanthomas or arcus cornealis in first- or second-degree relative
      - Confirmation by gene or receptor testing (presence of LDL-R, ApoB, or PCSK9 mutation)
- Documentation of recent labs (within the last 60 days) of an LDL-C ≥ 190 mg/dL demonstrating uncontrolled LDL-C beyond recommended goals while on maximally tolerated cholesterol lowering therapy
- Member must have an adequate trial of TWO high intensity statin together with ezetimibe for at least 3 months with demonstrated adherence and will continue to receive statin and/or ezetimibe therapy at maximally tolerated dose
  - If member is unable to tolerate high-intensity statins, a moderate intensity statin must be tried with ezetimibe for at least 3 months, unless contraindicated
- For members who are statin intolerant, member has tried at least two statins, one of which must be hydrophilic (pravastatin, fluvastatin, or rosuvastatin), and member meets one of the following:
  - Member has documented statin risk factors
  - Member is statin intolerant due to statin-associated muscle symptoms (SAMS) and meets both of the following:
    - Documentation of intolerable SAMS persisting at least two weeks, which disappeared with discontinuing the statin therapy and recurred with a statin re-challenge;

        - Documentation of re-challenge with titration from lowest possible dose and/or intermittent dosing frequency (e.g., 1 to 3 times weekly)
    - Must have an adequate trial (of at least 3 months) of Praluent (18 years and older) and Repatha (13 years and older) with an inadequate response or significant side effects/toxicity or have a contraindication to therapy
    - Leqvio will not be used in combination with PCSK9 inhibitor therapy, Juxtapid, or Evkeeza
    - Leqvio will be used as an adjunct to a low-fat diet and exercise

B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

C. Leqvio will be considered investigational or experimental for any other use and will not be covered.

D. <u>Reauthorization Criteria:</u>

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon:
MPC Renewal:

- Chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy (e.g., achieved LDL-C goal of < 100 mg/dL or achieved a 45% or more reduction in LDL-C levels)
- Documentation of recent lipid panel (within the last 3 months) indicating reduction in LDL-C while on therapy
- Chart documentation/claims data demonstrating adherence with maximally tolerated statin and/or ezetimibe therapy (unless patient has an inability to take statins)

Renewal from Previous Insurer:

- Members who have received prior approval (from insurer other than MPC) and have been taking Leqvio or have been receiving medication samples, should be considered under criterion A (Initial Authorization Criteria).; AND
- Provider has documented clinical response of the member's condition which has stabilized or improved based upon the prescriber's assessment (e.g., achieved LDL-C goal of < 100 mg/dL or achieved a 45% or reduction more in LDL-C levels)

- Documentation of recent lipid panel (within the last 3 months) indicating reduction in LDL-C while on therapy
- Chart documentation/claims data demonstrating adherence with maximally tolerated statin and/or ezetimibe therapy (unless patient has an inability to take statins)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 3 months
Reauthorization	Up to 1 year
Quantity Level Limit	
Leqvio 284/1.5mL	1 syringe per 180 days **2 syringes may be approved for 90 days for new starts only**

APPLICABLE CODES:	
CODE	**DESCRIPTION**
J1306	Injection, inclisiran, 1 mg

REFERENCES

1. Leqvio (inclisiran) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2021
2. Scientific Steering Committee on behalf of the Simon Broome Register Group. Risk of fatal coronary heart disease in familial hypercholesterolemia. Br Med J 1991;303:893-6.
3. World Health Organization. Familial hypercholesterolemia. Report of a second WHO consultation. Geneva: World Health Organization; 1999.
4. 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: a report of the American College of Cardiology/American Heart Association task force on clinical practice guidelines. Circulation. 2019;139(25):e1082-e1143.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual policy review. Update to reauthorization criteria for non-MPC renewals	*02/2024*
Annual Review	*02/2023*
New Policy	*01/2023*