Leqvio® (inclisiran subcutaneous injection)

When requesting Leqvio® (inclisiran), the individual requiring treatment must be diagnosed with one of the following FDA-approved indications or approved compendial uses and meet the specific coverage guidelines and applicable safety criteria for the covered indications.

FDA-approved Indications

Leqvio is indicated as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).

Approved Off-Label Compendial Use

Established cardiovascular disease

Coverage Guidelines

Heterozygous Familial Hypercholesterolemia

The individual must meet **all** of the following criteria for approval:

- Is 18 years of age or older;
- Meets one of the following criteria:
  - Has an untreated LDL-C level ≥ 190 mg/dL (prior to treatment with antihyperlipidemic agents); OR
  - The diagnosis has been confirmed by genetic testing (e.g., pathogenic variants at the low-density lipoprotein receptor, APOB, proprotein convertase subtilisin kexin type 9, or low-density lipoprotein receptor adaptor protein 1 gene); OR
  - Has been diagnosed with HeFH meeting one of the following diagnostic criteria thresholds:
    - Dutch Lipid Network criteria score was > 5; OR
    - Simon Broome criteria for definite, possible, or probable familial hypercholesterolemia;
- Meets ONE of the following criteria:
  - LDL-C level remains ≥ 70 mg/dL after a trial of one high-intensity statin therapy (i.e., atorvastatin ≥ 40 mg daily or rosuvastatin ≥ 20 mg daily) for ≥ 8 continuous weeks;

    OR

- Has been determined to be statin intolerant by meeting one of the following:
  - Has experienced statin-related rhabdomyolysis (*Note: rhabdomyolysis is associated with elevated creatine kinase levels at least 10 times the upper limit of normal, along with evidence of end organ damage which can include signs of acute renal injury [a ≥0.5 mg/dL increase in serum creatinine {SCr} levels or doubling of the SCr] and/or myoglobinuria [myoglobin present in urine]);* OR
  - Meets all of the following:
    - Has experienced skeletal-related muscle symptoms (i.e., myopathy or myalgia) that occurred while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or combination products); AND
    - The skeletal-related muscle symptoms resolved upon discontinuation of each respective statin therapy (atorvastatin and rosuvastatin);

The individual must meet the following criteria for reauthorization:

- Has experienced a response to therapy (e.g., decreasing LDL-C, total cholesterol, non-high-density lipoprotein cholesterol, or apolipoprotein B levels).
  Note: An individual who is currently on therapy but has not been previously approved via EviCore coverage determination or is restarting therapy is reviewed under criteria for initial therapy.

Primary Hyperlipidemia

The individual must meet **all** of the following criteria for approval:

- Is 18 years of age or older;
- Meets one of the following criteria:
  - Has diabetes; OR
  - Has a coronary artery calcium or calcification score ≥ 300 Agatston units;
- Meets ONE of the following criteria:
  - LDL-C level remains ≥ 70 mg/dL after a trial of one high-intensity statin therapy (i.e., atorvastatin ≥ 40 mg daily or rosuvastatin ≥ 20 mg daily) along with ezetimibe for ≥ 8 continuous weeks;

    OR

  - Has been determined to be statin intolerant by meeting one of the following:
    - Has experienced statin-related rhabdomyolysis (*Note: rhabdomyolysis is associated with elevated creatine kinase levels at least 10 times the upper limit of normal, along with evidence of end organ damage which can include signs of acute renal injury [a ≥ 0.5 mg/dL increase in serum creatinine {SCr} levels or doubling of the SCr] and/or myoglobinuria [myoglobin present in urine]);* OR
    - Meets all of the following:
      - Has experienced skeletal-related muscle symptoms (i.e., myopathy or myalgia) that occurred while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or combination products); AND

- The skeletal-related muscle symptoms resolved upon discontinuation of each respective statin therapy (atorvastatin and rosuvastatin);

The individual must meet the following criteria for reauthorization:

- Has experienced a response to therapy (e.g., decreasing LDL-C, total cholesterol, non-high-density lipoprotein cholesterol, or apolipoprotein B levels).
  Note: An individual who is currently on therapy but has not been previously approved via EviCore coverage determination or is restarting therapy is reviewed under criteria for initial therapy.

Established Cardiovascular Disease

The individual must meet **all** of the following criteria for approval:

- Is 18 years of age or older;
- Has had one of the following conditions or diagnoses:
  - A previous myocardial infarction or a history of an acute coronary syndrome; OR
  - Angina (stable or unstable); OR
  - A past history of stroke or transient ischemic attack; OR
  - Coronary artery disease; OR
  - Peripheral arterial disease; OR
  - Has undergone a coronary or other arterial revascularization procedure in the past (e.g., coronary artery bypass graft surgery, percutaneous coronary intervention, angioplasty, and coronary stent procedure);
- Meets ONE of the following criteria:
  - LDL-C level remains ≥ 55 mg/dL after a trial of one high-intensity statin therapy (i.e., atorvastatin ≥ 40 mg daily or rosuvastatin ≥ 20 mg daily) ≥ 8 continuous weeks;

    OR

  - Has been determined to be statin intolerant by meeting one of the following:
    - Has experienced statin-related rhabdomyolysis (*Note: rhabdomyolysis is associated with elevated creatine kinase levels at least 10 times the upper limit of normal, along with evidence of end organ damage which can include signs of acute renal injury [a ≥ 0.5 mg/dL increase in serum creatinine {SCr} levels or doubling of the SCr] and/or myoglobinuria [myoglobin present in urine]);* OR
    - Meets all of the following:
      - Has experienced skeletal-related muscle symptoms (i.e., myopathy or myalgia) that occurred while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or combination products); AND
      - The skeletal-related muscle symptoms resolved upon discontinuation of each respective statin therapy (atorvastatin and rosuvastatin);

The individual must meet the following criteria for reauthorization:

- Has experienced a response to therapy (e.g., decreasing LDL-C, total cholesterol, non-high-density lipoprotein cholesterol, or apolipoprotein B levels).
  Note: An individual who is currently on therapy but has not been previously approved via EviCore coverage determination or is restarting therapy is reviewed under criteria for initial therapy.

Approval duration (initial and renewal): 12 months

Dosing Recommendations

The recommended dose is 284 mg administered as a single subcutaneous injection initially, again at 3 months, and then every 6 months.

References

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2. Repatha® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; August 2025.
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16. Patel SB, Wyne KL, Afreen S, et al. American Association of Clinical Endocrinology clinical practice guideline on pharmacologic management of adults with dyslipidemia. Endocrine Pract. 2025;31:236-262.

