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Outpatient Medical Injectable
Leqvio Request Form
Fax to 833-581-1861
(Medical Benefit Only)

Member Name:_____Date of Birth:_____

Member ID (UMI): _____ ☐ Medicare ☐ Commercial*

Ordering/Attending Provider Name: _____NPI: _____

Ordering/Attending Provider Address:_____

Office Contact: _____ Phone #: _____Fax #: _____

Servicing Facility/Vendor Name: _____Facility NPI: _____

Servicing Facility/Vendor Address:_____

Requested Start Date of Service: _____ ICD10 Diagnosis Code(s): _____

☐ **Buy & Bill** ☐ **Drug Supplied by Specialty Pharmacy** (*Pharmacy Name:* _____ *NPI:* _____)

DRUG/DIAGNOSIS INFORMATION

Drug Name: **LEQVIO (J1306)** Strength or Dose: _____ Date of service: _____

Directions: _____ Quantity (# of doses/visits): _____

Diagnosis code (ICD10): _____ Diagnosis Code Description_____

CLINICAL INFORMATION (complete this section for ALL indications)

Is Leqvio being prescribed by or in consultation with a cardiologist, endocrinologist, or lipid specialist? ☐ YES ☐ NO
Will Leqvio be used as adjunct to maximally tolerated statin therapy, unless the member is statin intolerant? ☐ YES ☐ NO
Has the member had failure of proprotein convertase subtilisin kexin 9 (PCSK9) inhibitor (e.g., alirocumab or evolocumab based upon FDA approval for age) for at least three (3) months? ☐ YES ☐ NO

For Clinical Atherosclerotic Cardiovascular Disease (ASCVD)	
Does the member have a documented history of ASCVD as defined by (select all that apply):	
• Acute coronary syndrome? ☐ YES ☐ NO • Coronary or other arterial revascularization? ☐ YES ☐ NO • History of myocardial infarction? ☐ YES ☐ NO • History of stroke? ☐ YES ☐ NO	• History of transient ischemic attack? ☐ YES ☐ NO • Peripheral arterial disease presumed to be of atherosclerotic origin? ☐ YES ☐ NO • Stable or unstable angina? ☐ YES ☐ NO
Does the member have serum LDL-C greater than 70 mg/dL? ☐ YES ☐ NO	
While receiving at least two (2) separate trials of different statins, did the member experience: • Statin related rhabdomyolysis, which resolved upon discontinuation of the statins? ☐ YES ☐ NO • Skeletal-related muscle symptoms, which resolved upon discontinuation of the statins? ☐ YES ☐ NO	
During any course of statin therapy, did the member have: • Liver function tests (LFTs) increase to 3 times ULN? ☐ YES ☐ NO • Creatinine kinase (CK) increase to 10 times ULN? ☐ YES ☐ NO • A hospitalization due to severe statin-related adverse event (e.g., rhabdomyolysis)? ☐ YES ☐ NO	
☐ **New Start**	☐ **Continuation of Therapy** • Has there been documentation of LDL-C reduction from baseline? ☐ YES ☐ NO

For Heterozygous Familial Hypercholesterolemia (HeFH):

Does the member have clinical documentation of heterozygous familial hypercholesterolemia (FH) as defined by ONE of the following:

- Genetic confirmation of pathogenic variant at the LDLR, APOB, PCSK9, or LDLRAP1 gene locus? ☐ YES ☐ NO
- Tendon xanthomas? ☐ YES ☐ NO
- Corneal arcus prior to age 45 years? ☐ YES ☐ NO
- Tuberous xanthomas? ☐ YES ☐ NO
- Xanthelasma? ☐ YES ☐ NO
- Diagnosis based on WHO criteria/Dutch Lipid Clinical Network criteria (score greater than 8 points)? ☐ YES ☐ NO
- Diagnosis based on Simon Broome Register Diagnostic Criteria with a criterion for definite familial hypercholesterolemia? ☐ YES ☐ NO
- Diagnosis based on Familial hypercholesterolemia possibility of "definite" on the Make Early Diagnosis to Prevent Early Deaths (MEDPED) tool? ☐ YES ☐ NO
- Documentation of untreated LDL-C greater than or equal to 190 mg/dL? ☐ YES ☐ NO
- Documentation of untreated LDL-C greater than or equal to 160 mg/dL if less than 20 years of age? ☐ YES ☐ NO

Does the member have:

- An LDL-C greater than 100mg/dL, despite use with a maximally tolerated statin? ☐ YES ☐ NO
- An LDL-C greater than 100mg/dL and is statin intolerant defined as one of the following:
  - While receiving at least two (2) separate trials of different statins, the individual experienced statin related rhabdomyolysis, which resolved upon discontinuation of the statins? ☐ YES ☐ NO
  - While receiving at least two (2) separate trials of different statins, the individual experienced skeletal-related muscle symptoms, which resolved upon discontinuation of the statins? ☐ YES ☐ NO
  - Creatinine kinase (CK) increase to 10 times ULN? ☐ YES ☐ NO
  - Liver function tests (LFTs) increase to 3 times ULN? ☐ YES ☐ NO
  - Hospitalization due to severe statin-related adverse event (e.g., rhabdomyolysis)? ☐ YES ☐ NO

☐ **New Start**	☐ **Continuation of Therapy** • Has there been documentation of LDL-C reduction from baseline? ☐ YES ☐ NO

For Primary Hyperlipidemia, Not Associated with ASCVD, HeFH, or HoFH:

Does the member have:

- Serum LDL-C greater than or equal to 70 mg/dL? ☐ YES ☐ NO
- Fasting triglyceride less than 400 mg/dL? ☐ YES ☐ NO

☐ **New Start**	☐ **Continuation of Therapy** • Has there been a positive clinical response (e.g. LDL-C reduction from baseline)? ☐ YES ☐ NO

Please attach all pertinent clinical information

Attached: ☐ **YES** ☐ **NO**

****Please verify member's eligibility and benefits through the health plan****