



**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** Strength or Dose: _____ Date of service: _____

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

Diagnosis code (ICD10): _____ Diagnosis Code Description _____

CLINICAL INFORMATION

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):

- | | |
|--|---|
| <ul style="list-style-type: none"> • Acute coronary syndrome? <input type="checkbox"/> YES <input type="checkbox"/> NO • Coronary or other arterial revascularization?
<input type="checkbox"/> YES <input type="checkbox"/> NO • History of myocardial infarction? <input type="checkbox"/> YES <input type="checkbox"/> NO • History of stroke? <input type="checkbox"/> YES <input type="checkbox"/> NO | <ul style="list-style-type: none"> • History of transient ischemic attack? <input type="checkbox"/> YES <input type="checkbox"/> NO • Peripheral arterial disease presumed to be of atherosclerotic origin? <input type="checkbox"/> YES <input type="checkbox"/> NO • Stable or unstable angina? <input type="checkbox"/> YES <input type="checkbox"/> 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
- Tuberos 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

<input type="checkbox"/> New Start	<input type="checkbox"/> Continuation of Therapy <ul style="list-style-type: none">• Has there been documentation of LDL-C reduction from baseline? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

Please attach all pertinent clinical information

Attached: YES NO

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

This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.