Drug Coverage Policy

Effective Date.....8/1/2026
Coverage Policy Number.....IP0811
Policy Title..... Lerochol

Hyperlipidemia – PCSK9 Inhibitors – Lerochol

- Lerochol™ (lerodalcibep-liga subcutaneous injection – LIB)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Lerochol, a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor, is indicated to reduce low-density lipoprotein cholesterol (LDL-C), as an adjunct to diet and exercise, in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH) in adults.[1]

Praluent® (alirocumab subcutaneous injection) and Repatha® (evolocumab subcutaneous injection) are two other PCSK9 inhibitors.[2,3] Leqvio® (inclisiran subcutaneous injection), a small interfering ribonucleic acid messenger RNA, is a similar product.[4]

Guidelines
Several major guidelines address the management of dyslipidemia, including the 2026 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Management of Dyslipidemia, the 2023 ACC/AHA Guideline for the Management of Chronic Coronary Disease (CCD), the 2022 ACC Expert Consensus Decision Pathway (ECDP) on the Role of Non Statin Therapies, the 2025 ACC/AHA Guideline for the Management of Patients With Acute Coronary Syndrome, the 2026 American Diabetes Association Standards of Care, and the 2025 American Association of Clinical Endocrinology Clinical Practice Guideline for Dyslipidemia.[5-10] Across these guidelines, maximally tolerated statin therapy is consistently identified as the foundation of lipid management, with ezetimibe and/or PCSK9 inhibitors added when additional LDL C lowering is required. Among PCSK9 targeting therapies, Praluent and Repatha are generally preferred over Leqvio because they have demonstrated cardiovascular (CV) outcomes benefit in large, randomized trials, whereas outcomes data for Leqvio are still pending. The guidelines converge in recommending PCSK9 inhibitors for patients with clinical atherosclerotic cardiovascular disease (ASCVD) or severe hypercholesterolemia (LDL C ≥ 190 mg/dL) who remain above LDL C goals despite optimized background therapy; however, they differ in how treatment targets are expressed. The 2026 ACC/AHA dyslipidemia guideline and the 2026 ADA Standards of Care define explicit LDL C goals, including a target of < 55 mg/dL for patients with very high risk ASCVD, whereas other guidance, such as the 2022 ACC Expert Consensus Decision Pathway and the 2023 Chronic Coronary Disease guideline, relies primarily on LDL C thresholds to trigger treatment intensification rather than strict numeric goals.

The AHA Scientific Statement on Familial Hypercholesterolemia (2015) and other sources provide guidance on the diagnosis of familial hypercholesterolemia, including HeFH.[11,12] Diagnostic approaches include the Dutch Lipid Clinic Network scoring system and the Simon Broome criteria.

Coverage Policy

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Lerochol. All approvals are provided for the duration noted below. A patient who has previously met initial therapy criteria for Lerochol for the requested indication under the Coverage Review Department and is currently receiving the requested therapy is only required to meet continuation of therapy (i.e., currently receiving therapy). If past criteria have not been met under the Coverage Review Department and the patient is currently receiving Lerochol, or is restarting Lerochol, initial criteria must be met.

Documentation: Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory tests, claims records, prescription receipts and/or other information. All documentation must include patient-specific identifying information.

Lerochol is considered medically necessary when ONE of the following are met:

FDA-Approved Indications

1. **Heterozygous Familial Hypercholesterolemia (HeFH).*** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following (a, b, or c):
       - **a)** Patient has an untreated low-density lipoprotein cholesterol (LDL-C) ≥ 190 mg/dL (prior to treatment with antihyperlipidemic agents) **[documentation required]**; OR
       - **b)** The diagnosis has been confirmed by genetic testing **[documentation required]**; OR
         Note: Examples include pathogenic variants at the low-density lipoprotein receptor (LDLR), apolipoprotein B (APOB), proprotein convertase subtilisin kexin type 9 (PCSK9), or low-density lipoprotein receptor adaptor protein 1 (LDLRAP1) gene.
       - **c)** Patient has been diagnosed with heterozygous familial hypercholesterolemia by meeting ONE of the following diagnostic criteria thresholds [(1) or (2)]:
         - **(1)** Prescriber confirms that the Dutch Lipid Network criteria score was > 5 **[documentation required]**; OR
         - **(2)** Prescriber confirms that Simon Broome criteria met the threshold for "definite" or "possible (or probable)" familial hypercholesterolemia **[documentation required]**; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** Patient has tried one high-intensity statin therapy (i.e., atorvastatin ≥ 40 mg daily; rosuvastatin ≥ 20 mg daily [as a single-entity or as a combination product]) for ≥ 8 continuous weeks; AND
         - **(2)** LDL-C level after this treatment remains ≥ 70 mg/dL; OR
       - **b)** Patient has been determined to be statin intolerant by meeting ONE of the following [(1) or (2)]:
         - **(1)** Patient experienced statin-related rhabdomyolysis; OR
           Note: Rhabdomyolysis is statin-induced muscle breakdown that is associated with markedly 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 (noted by substantial increases in serum creatinine [Scr] levels [a ≥ 0.5 mg/dL increase in Scr or doubling of the Scr] and/or myoglobinuria [myoglobin present in urine]).
         - **(2)** Patient meets ALL of the following [(a), (b), and (c)]:
           - **(a)** Patient experienced skeletal-related muscle symptoms; AND
             Note: Examples of skeletal-related muscle symptoms include myopathy (muscle weakness) or myalgia (muscle aches, soreness, stiffness, or tenderness).
           - **(b)** The skeletal-muscle related symptoms occurred while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or combination products); AND
           - **(c)** When receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products), the skeletal-related muscle symptoms resolved upon discontinuation of each respective statin therapy (atorvastatin and rosuvastatin); OR
             Note: Examples of skeletal-related muscle symptoms include myopathy and myalgia.
     - **iv.** Preferred product criteria is met for the product(s) as listed in the below table(s).

B) Patient is Currently Receiving Lerochol. Approve if according to the prescriber, the patient has experienced a response to therapy.
Note: Examples of a response to therapy include decreasing LDL-C, total cholesterol, non-high-density lipoprotein, or apolipoprotein B levels. Also, if the patient is currently receiving the requested therapy but has not previously received approval of Lerochol for this specific indication through the Coverage Review Department, review under criteria for Initial Therapy. If the patient is restarting therapy with Lerochol, Initial Therapy criteria must be met.

2. Hypercholesterolemia.* Approve for 1 year if the patient meets ONE of the following (A or B):
Note: This diagnosis is not associated with established cardiovascular disease/reduce major adverse cardiovascular events for patients at increased risk, heterozygous familial hypercholesterolemia (HeFH), or homozygous familial hypercholesterolemia (HoFH) and may be referred to as combined hyperlipidemia, primary hyperlipidemia, dyslipidemia, or increased/elevated low-density lipoprotein cholesterol (LDL-C) levels.

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient meets ONE of the following (a or b):
  - **a)** According to the prescriber, the patient is at risk for atherosclerotic cardiovascular disease (ASCVD), an ASCVD event, or a major adverse cardiovascular event (MACE); OR
  - **b)** Patient has diabetes; AND
- **iii.** Patient meets ONE of the following (a or b):
  - **a)** Patient meets ALL of the following [(1) and (2)]:
    - **(1)** Patient has tried one high-intensity statin therapy (i.e., atorvastatin ≥ 40 mg daily; rosuvastatin ≥ 20 mg daily [as a single-entity or as a combination product]); AND
    - **(2)** LDL-C level after this treatment regimen remains ≥ 70 mg/dL; OR
  - **b)** Patient has been determined to be statin intolerant by meeting ONE of the following [(1) or (2)]:
    - **(1)** Patient experienced statin-related rhabdomyolysis; OR
      Note: Rhabdomyolysis is statin-induced muscle breakdown that is associated with markedly 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 (noted by substantial increases in serum creatinine [Scr] levels [a ≥ 0.5 mg/dL increase in Scr or doubling of the Scr] and/or myoglobinuria [myoglobin present in urine]); OR
    - **(2)** Patient meets ALL of the following [(a), (b), and (c)]:
      - **(a)** Patient experienced skeletal-related muscle symptoms; AND
        Note: Examples of skeletal-related muscle symptoms include myopathy (muscle weakness) or myalgia (muscle aches, soreness, stiffness, or tenderness).
      - **(b)** The skeletal-muscle related symptoms occurred while receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or combination products); AND
      - **(c)** When receiving separate trials of both atorvastatin and rosuvastatin (as single-entity or as combination products), the skeletal-related muscle symptoms resolved upon discontinuation of each respective statin therapy (atorvastatin and rosuvastatin); OR
        Note: Examples of skeletal-related muscle symptoms include myopathy and myalgia.
- **iv.** Preferred product criteria is met for the product(s) as listed in the below table(s).

B) Patient is Currently Receiving Lerochol. Approve if according to the prescriber, the patient has experienced a response to therapy.
Note: Examples of a response to therapy include decreasing LDL-C, total cholesterol, non-high-density lipoprotein, or apolipoprotein B levels. Also, if the patient is currently receiving the requested therapy but has not previously received approval of Lerochol for this specific indication through the Coverage Review Department, review under criteria for Initial Therapy. If the patient is restarting therapy with Lerochol, Initial Therapy criteria must be met.

Note:
* A patient may have a diagnosis that pertains to more than one FDA-approved indication, therefore, consider review under different approval conditions, if applicable (e.g., a patient with heterozygous familial hypercholesterolemia may have hypercholesterolemia and a patient with hypercholesterolemia may have heterozygous familial hypercholesterolemia).

Employer Plans and Individual and Family Plans:

Product	Criteria
Lerochol (lerodalcibep-liga subcutaneous injection)	Approve if the patient has tried Repatha.

Conditions Not Covered

Lerochol for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent use of Lerochol with Praluent (alirocumab subcutaneous injection), Repatha (evolocumab subcutaneous injection), or Leqvio (inclisiran subcutaneous injection).** Praluent and Repatha are PCSK9 inhibitors and should not be used with Lerochol.[2,3] Leqvio, a small interfering ribonucleic acid (RNA) directed to PCSK9 messenger RNA, is a similar product and should not be given with Lerochol.[4]

References

1. Lerochol™ subcutaneous injection [prescribing information]. Cincinnati, OH: LIB; December 2025.
2. Praluent® subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron; October 2025.
3. Repatha® subcutaneous injection [prescribing information]. Thousand Oaks, CA: Amgen; August 2025.
4. Leqvio® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; February 2026.
5. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC Expert Consensus Decision Pathway on the Role of Non-Statin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk. *J Am Coll Cardiol.* 2022;80(14):1366-1418.
6. Blumenthal RS, Morris PB, Gaudino M, et al. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of dyslipidemia: a report of the American College of Cardiology/American Heart Association joint committee on clinical practice guidelines. *JACC*. 2026 March 13. [Online ahead of print].

7. American Diabetes Association Professional Practice Committee. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes-2026. *Diabetes Care*. 2026;49(Suppl 1):S216-S245.
8. Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA guideline for the management of patients with chronic coronary disease: a report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2023;82(9):833-955.
9. Rao SV, O'Donoghue ML, Ruel M, et al. 2025 ACC/AHA/ACEP/NAEMSP/SCAI guideline for the management of patients with acute coronary syndromes. *J Am Coll Cardiol*. 2025 Feb 27. [Online ahead of print].
10. 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.
11. Gidding SS, Champagne MA, de Ferranti SD, et al. The agenda for familial hypercholesterolemia. A scientific statement from the American Heart Association. *Circulation*. 2015;132(22):2167-2192.
12. Haase A, Goldberg AC. Identification of people with heterozygous familial hypercholesterolemia. *Curr Opin Lipidol*. 2012;23:282-289.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	6/4/2026	8/1/2026

The policy effective date is in force until updated or retired.