



Billing and coding guide

For questions or support, reach out to your Novartis Access and Reimbursement Expert

Name: _____ Phone: _____

Title: _____ Email: _____

You can also talk to a dedicated Access Specialist at the LEQVIO[®] Service Center



Phone: **833-LEQVIO2 (833-537-8462)**



Fax: **877-LEQVIO8 (877-537-8468)**



Website: **LEQVIO-access.com**



Portal: **ServiceCenterPortal.com**

Overview

This guide is intended to provide an overview of coding and coverage information related to LEQVIO®. Health care professionals can reference this guide, in addition to other sources of information, to determine for themselves the appropriate claims to file for LEQVIO and the related services. Novartis does not guarantee payment or coverage for any product or service.

The health care billing environment is constantly evolving to keep pace with scientific advances and financial constraints. Information specific to billing and coding is subject to change without notice and should be verified by the provider for each patient prior to treatment. A provider should contact the patients' payers directly for any revised or additional requirements, information, or guidance.

It is always the provider's responsibility to determine the appropriate health care setting, and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, payment policies, and fee schedules.

The site of care determines specific coding requirements. It is always the provider's responsibility to determine medical necessity for a specific service, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services that are rendered.

Please see Important Safety Information on page 32.
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Basic coverage information

Billing and coding requirements for LEQVIO® will vary based on many factors, including the site of service where the drug is administered, the type of insurance the patient has, and the benefit under which LEQVIO is covered.

Site of service

LEQVIO may be administered in physicians' offices or in hospital outpatient departments. For most payers, the site of service will affect the billing and coding requirements. This guide provides information on coverage, coding, and billing for LEQVIO when administered in physicians' offices, hospital outpatient settings, and stand-alone alternate sites of care.

Payer type

Coverage, as defined by each payer type and benefit package, may vary depending on the site of service and the patient's status and medical history.



Medicare

Medicare typically covers and separately reimburses drugs provided in the physician's office as well as most drugs provided in the hospital outpatient department that are not self-administered and are provided incident to a physician service.

Coverage under Medicare Advantage can vary by plan. Providers should check with the patient's plan for specific coverage and payment information.



Private payers

Private payers may cover LEQVIO and the medical services associated with its administration. However, there may be restrictions on coverage, such as special requirements for distribution and precertification. Private payers may also vary in the payment methods they use to reimburse the sites of service where LEQVIO is administered.



Medicaid

Medicaid coverage and payment for LEQVIO can vary by state or by the specific managed Medicaid plan. Providers should check with the state program or plan for specific coverage information and all payer types for fee schedules.

Benefit category

Most payers cover physician-administered products such as LEQVIO under a medical benefit rather than a pharmacy benefit. In the case of Medicare, LEQVIO will typically be covered under Part B. However, private payers and Medicaid may require that physicians obtain LEQVIO through a specialty pharmacy. Specialty pharmacies may bill the payer under the medical or pharmacy benefit, depending on what that payer requires. Additionally, Medicare Advantage payers may cover LEQVIO in a similar way to private payers depending on the benefit design of the patient.

Reference: Tikkanen R, et al. Published June 5, 2020. Accessed May 30, 2024. <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>

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 **LEQVIO**[®]
(inclisiran) injection
284 mg/1.5 mL

Relevant codes: drug codes

National Drug Code (NDC)¹

The NDC is a product identifier for drugs in the United States present on all over the counter and prescription medication packages and inserts. The NDC number is essential for proper claim processing when submitting claims for drugs used. As not all NDCs are set up the same, the table below demonstrates how to achieve the 11-digit NDC for LEQVIO.

NOTE: Be sure that hyphens are excluded from submission on the claim and check with the patient's health insurance provider to determine sequence requirements.

Tradename	Package strength	10-digit	NDC number	11-digit	NDC number for payer
LEQVIO	284 mg/1.5 mL single-dose prefilled syringe	4-4-2	0078-1000-60	5-4-2	00078-1000-60

Healthcare Common Procedure Coding System (HCPCS) level II code²

HCPCS Level II codes are used to identify drugs, supplies, medical procedures, and other services.

HCPCS code	Descriptor	Billing units
J1306	Injection, inclisiran, 1 mg	284

Modifiers^{3,4}

Modifiers provide additional information about a service or procedure without changing its definition or code. By using modifiers, healthcare providers can indicate specific circumstances such as route of administration, wasted product, and more. To determine the applicability of a modifier, it is recommended to consult the relevant CMS manuals.

NOTE: the modifiers below will accompany the HCPCS code within the claim form.

Modifier	Information
JZ	Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts
TB	Starting January 1, 2025, the updated CMS guidance requires 340B covered entities to only report the TB modifier on claims for products acquired through the 340B program. Do not use the JG modifier for claims with dates of service after December 31, 2024. This update will impact Medicare providers and suppliers who bill for separately payable Part B drugs and biologics and participate in the 340B Pricing Program

References: 1. Leqvio. Prescribing information. Novartis Pharmaceuticals Corp. 2. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: First Quarter, 2022 HCPCS Coding Cycle. Accessed October 8, 2024. <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologicals.pdf> 3. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologics–JW modifier and JZ modifier policy frequently asked questions. Accessed October 8, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 4. Centers for Medicare & Medicaid Services. Revised Part B inflation rebate guidance: Use of the 340B modifier. Published December 14, 2023. Accessed October 8, 2024. <https://www.cms.gov/files/document/revised-part-b-inflation-rebate-340b-modifier-guidance.pdf>

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284 mg/1.5 mL

Relevant codes: CPT and setting of care codes

Current Procedural Terminology (CPT) code¹

CPT codes are the most widely accepted codes for reporting medical procedures and services under government and private health plans.

CPT code*	Description
96372	Therapeutic, Prophylactic, and Diagnostic Injection (specific substance or drug; subcutaneous or intramuscular)

Place of service (POS) codes²

POS codes are used to indicate the setting in which a service was provided. CMS maintains a database of POS codes commonly used in the healthcare industry. Below are examples of some common POS codes. Review the full listing of the POS codes on the CMS website and consult your health plan's guidance to determine the correct code for your institution.

POS code	Description
11	Office: Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis
22	On Campus—Outpatient Hospital: A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

Revenue codes³

Specific forms, such as the UB-04 (CMS-1450) form, require documentation of revenue codes associated with services provided to patients.

Revenue code	Description
0636	Drugs requiring detailed coding
0250	General pharmacy
0500	General outpatient services
0510	General clinic services

*CPT © 2024 American Medical Association. All rights reserved.

References: 1. AAPC Coder. Accessed October 8, 2024. <https://www.aapc.com/codes/cpt-codes/96372> 2. Centers for Medicare & Medicaid Services. Place of Service Codes for Professional Claims. Accessed October 8, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/web-site-pos-database.pdf> 3. Noridian Healthcare Solutions. Revenue Codes. Accessed October 8, 2024. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>

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(inclisiran) injection
284 mg/1.5 mL

Physician's office: sample CMS-1500 claim form

LEQVIO® and the associated services provided in a physician office are billed on the CMS-1500 claim form or its electronic equivalent. A sample CMS-1500 claim form for billing LEQVIO is provided below.¹

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, payment policies, and fee schedules.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Box 21
Relevant diagnosis code(s) (ICD-10-CM).

Box 23
Prior authorization number, if available.

Box 24A
In the non-shaded area, list the date of service. In the shaded area, give a detailed drug description. List the N4 indicator first, then the 11-digit NDC number. Third is the unit of measurement qualifier; the unit quantity is listed at the end.
Example N400078100060ML1.5

Box 24B
Enter the appropriate POS code to indicate the setting where a service was provided.

Box 24D
Enter the appropriate HCPCS code J1306 for LEQVIO use as required by the payer.² The HCPCS code must be accompanied by the JZ modifier, indicating zero drug wasted.³ Starting January 1, 2025, 340B covered entities must use the TB modifier accompanied by the HCPCS code.⁴ Include the appropriate CPT code to report the administration procedure, 96372.⁵

Box 24E
Enter the diagnosis code reference letter (A or B) as shown in Box 21 to relate the date of service and the procedures performed to the primary diagnosis. If there is more than one diagnosis required for a procedure code, only reference one letter from Box 21.

Box 24G
Include the appropriate number of billing units for LEQVIO: 284 mg=284 billing units.

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials are provided to assist health care providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains, at all times, with the provider.

References: 1. Centers for Medicare & Medicaid Services. Accessed May 30, 2024. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf> 2. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: First Quarter, 2022 HCPCS Coding Cycle. Accessed May 30, 2024. <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologicals.pdf> 3. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals—JW modifier and JZ modifier policy frequently asked questions. Accessed May 30, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 4. Medicare Part B inflation rebate guidance: use of the 340b modifier. Medicare Learning Network Fact Sheet. Published December 2023. Accessed September 10, 2024. <https://www.cms.gov/files/document/mln4800856-medicare-part-b-inflation-rebate-guidance-use-340b-modifier.pdf> 5. AAPC Coder. Accessed May 30, 2024. <https://www.aapc.com/codes/cpt-codes/96372>

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Hospital outpatient: sample CMS-1450 (UB-04) form

LEQVIO® and the associated services provided in a hospital outpatient setting are billed on the UB-04 claim form or its electronic equivalent. A sample UB-04 claim form for billing LEQVIO is provided below.¹

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, payment policies, and fee schedules.

1		2		3a. DATE CONT. #		3b. DATE CONT. #		4. TYPE OF BILL	
5. PATIENT NAME		6. PATIENT ADDRESS		7. STATEMENT COVERS PERIOD FROM		7. STATEMENT COVERS PERIOD THROUGH		8. TYPE OF BILL	
9. BIRTHDATE		10. SEX		11. DATE		12. ADMISSION		13. SRC	
14. TYPE		15. SRC		16. DHR		17. STAT		18. 19	
20. 21		22. 23		24. 25		26. 27		28. 29	
30. 31		32. 33		34. 35		36. 37		38. 39	
40. 41		42. 43		44. 45		46. 47		48. 49	
50. 51		52. 53		54. 55		56. 57		58. 59	
60. 61		62. 63		64. 65		66. 67		68. 69	
70. 71		72. 73		74. 75		76. 77		78. 79	
80. 81		82. 83		84. 85		86. 87		88. 89	
90. 91		92. 93		94. 95		96. 97		98. 99	
100. 101		102. 103		104. 105		106. 107		108. 109	
110. 111		112. 113		114. 115		116. 117		118. 119	
120. 121		122. 123		124. 125		126. 127		128. 129	
130. 131		132. 133		134. 135		136. 137		138. 139	
140. 141		142. 143		144. 145		146. 147		148. 149	
150. 151		152. 153		154. 155		156. 157		158. 159	
160. 161		162. 163		164. 165		166. 167		168. 169	
170. 171		172. 173		174. 175		176. 177		178. 179	
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210. 211		212. 213		214. 215		216. 217		218. 219	
220. 221		222. 223		224. 225		226. 227		228. 229	
230. 231		232. 233		234. 235		236. 237		238. 239	
240. 241		242. 243		244. 245		246. 247		248. 249	
250. 251		252. 253		254. 255		256. 257		258. 259	
260. 261		262. 263		264. 265		266. 267		268. 269	
270. 271		272. 273		274. 275		276. 277		278. 279	
280. 281		282. 283		284. 285		286. 287		288. 289	
290. 291		292. 293		294. 295		296. 297		298. 299	
300. 301		302. 303		304. 305		306. 307		308. 309	
310. 311		312. 313		314. 315		316. 317		318. 319	
320. 321		322. 323		324. 325		326. 327		328. 329	
330. 331		332. 333		334. 335		336. 337		338. 339	
340. 341		342. 343		344. 345		346. 347		348. 349	
350. 351		352. 353		354. 355		356. 357		358. 359	
360. 361		362. 363		364. 365		366. 367		368. 369	
370. 371		372. 373		374. 375		376. 377		378. 379	
380. 381		382. 383		384. 385		386. 387		388. 389	
390. 391		392. 393		394. 395		396. 397		398. 399	
400. 401		402. 403		404. 405		406. 407		408. 409	
410. 411		412. 413		414. 415		416. 417		418. 419	
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470. 471		472. 473		474. 475		476. 477		478. 479	
480. 481		482. 483		484. 485		486. 487		488. 489	
490. 491		492. 493		494. 495		496. 497		498. 499	
500. 501		502. 503		504. 505		506. 507		508. 509	
510. 511		512. 513		514. 515		516. 517		518. 519	
520. 521		522. 523		524. 525		526. 527		528. 529	
530. 531		532. 533		534. 535		536. 537		538. 539	
540. 541		542. 543		544. 545		546. 547		548. 549	
550. 551		552. 553		554. 555		556. 557		558. 559	
560. 561		562. 563		564. 565		566. 567		568. 569	
570. 571		572. 573		574. 575		576. 577		578. 579	
580. 581		582. 583		584. 585		586. 587		588. 589	
590. 591		592. 593		594. 595		596. 597		598. 599	
600. 601		602. 603		604. 605		606. 607		608. 609	
610. 611		612. 613		614. 615		616. 617		618. 619	
620. 621		622. 623		624. 625		626. 627		628. 629	
630. 631		632. 633		634. 635		636. 637		638. 639	
640. 641		642. 643		644. 645		646. 647		648. 649	
650. 651		652. 653		654. 655		656. 657		658. 659	
660. 661		662. 663		664. 665		666. 667		668. 669	
670. 671		672. 673		674. 675		676. 677		678. 679	
680. 681		682. 683		684. 685		686. 687		688. 689	
690. 691		692. 693		694. 695		696. 697		698. 699	
700. 701		702. 703		704. 705		706. 707		708. 709	
710. 711		712. 713		714. 715		716. 717		718. 719	
720. 721		722. 723		724. 725		726. 727		728. 729	
730. 731		732. 733		734. 735		736. 737		738. 739	
740. 741		742. 743		744. 745		746. 747		748. 749	
750. 751		752. 753		754. 755		756. 757		758. 759	
760. 761		762. 763		764. 765		766. 767		768. 769	
770. 771		772. 773		774. 775		776. 777		778. 779	
780. 781		782. 783		784. 785		786. 787		788. 789	
790. 791		792. 793		794. 795		796. 797		798. 799	
800. 801		802. 803		804. 805		806. 807		808. 809	
810. 811		812. 813		814. 815		816. 817		818. 819	
820. 821		822. 823		824. 825		826. 827		828. 829	
830. 831		832. 833		834. 835		836. 837		838. 839	
840. 841		842. 843		844. 845		846. 847		848. 849	
850. 851		852. 853		854. 855		856. 857		858. 859	
860. 861		862. 863		864. 865		866. 867		868. 869	
870. 871		872. 873		874. 875		876. 877		878. 879	
880. 881		882. 883		884. 885		886. 887		888. 889	
890. 891		892. 893		894. 895		896. 897		898. 899	
900. 901		902. 903		904. 905		906. 907		908. 909	
910. 911		912. 913		914. 915		916. 917		918. 919	
920. 921		922. 923		924. 925		926. 927		928. 929	
930. 931		932. 933		934. 935		936. 937		938. 939	
940. 941		942. 943		944. 945		946. 947		948. 949	
950. 951		952. 953		954. 955		956. 957		958. 959	
960. 961		962. 963		964. 965		966. 967		968. 969	
970. 971		972. 973		974. 975		976. 977		978. 979	
980. 981		982. 983		984. 985		986. 987		988. 989	
990. 991		992. 993		994. 995		996. 997		998. 999	
1000. 1001		1002. 1003		1004. 1005		1006. 1007		1008. 1009	
1010. 1011		1012. 1013		1014. 1015		1016. 1017		1018. 1019	
1020. 1021		1022. 1023		1024. 1025		1026. 1027		1028. 1029	
1030. 1031		1032. 1033		1034. 1035		1036. 1037		1038. 1039	
1040. 1041		1042. 1043		1044. 1045		1046. 1047		1048. 1049	
1050. 1051		1052. 1053		1054. 1055		1056. 1057		1058. 1059	
1060. 1061		1062. 1063		1064. 1065		1066. 1067		1068. 1069	
1070. 1071		1072. 1073		1074. 1075		1076. 1077		1078. 1079	
1080. 1081		1082. 1083		1084. 1085		1086. 1087		1088. 1089	
1090. 1091		1092. 1093		1094. 1095		1096. 1097		1098. 1099	
1100. 1101		1102. 1103		1104. 1105		1106. 1107		1108. 1109	
1110. 1111		1112. 1113		1114. 1115		1116. 1117		1118. 1119	
1120. 1121		1122. 1123		1124. 1125		1126. 1127		1128. 1129	
1130. 1131		1132. 1133		1134. 1135		1136. 1137		1138. 1139	
1140. 1141		1142. 1143		1144. 1145		1146. 1147		1148. 1149	
1150. 1151		1152. 1153		1154. 1155		1156. 1157		1158. 1159	
1160. 1161		1162. 1163		1164. 1165		1166. 1167		1168. 1169	
1170. 1171		1172. 1173		1174. 1175		1176. 1177		1178. 1179	
1180. 1181		1182. 1183		1184. 1185		1186. 1187		1188. 1189	
1190. 1191		1192. 1193		1194. 1195		1196. 1197		1198. 1199	
1200. 1201		1202. 1203		1204. 1205		1206. 1207		1208. 1209	
1210. 1211		1212. 1213		1214. 1215		1216. 1217		1218. 1219	
1220. 1221		1222. 1223		1224. 1225		1226. 1227		1228. 1229	
1230. 1231		1232. 1233		1234. 1235		1236. 1237		1238. 1239	
1240. 1241		1242. 1243		1244. 1245		1246. 1247		1248. 1249	
1250. 1251		1252. 1253		1254. 1255		1256. 1257		1258. 1259	
1260. 1261		1262. 1263		1264. 1265		1266. 1267		1268. 1269	
1270. 1271		1272. 1273		1274. 1275		1276. 1277		1278. 1279	
1280. 1281		1282. 1283		1284. 1285		1286. 1287		1288. 1289	
1290. 1291		1292. 1293		1294. 1295		1296. 1297		1298. 1299	
1300. 1301		1302. 1303		1304. 1305		1306. 1307		1308. 1309	
1310. 1311		1312. 1313		1314. 1315		1316. 1317		1318. 1319	
1320. 1321		1322. 1323		1324. 1325		1326. 1327		1328. 1329	
1330. 1331		1332. 1333		1334. 1335		1336. 1337		1338. 1339	
1340. 1341		1342. 1343		1344. 1345		1346. 1347		1348. 1349	
1350. 1351		1352. 1353		1354. 1355		1356. 1357		1358. 1359	
1360. 1361		1362. 1363		1364. 1365		1366. 1367		1368. 1369	
1370. 1371		1372. 1373		1374. 1375		1376. 1377		1378. 1379	
1380. 1381		1382. 1383		1384. 1385		1386. 1387		1388. 1389	
1390. 1391		1392. 1393</							

Claim filing checklist

Once your patient is administered LEQVIO®, a claim for reimbursement is submitted to their health insurance provider. When submitting a claim, it is a best practice to understand the payer's specific billing and coding requirements and ensure that the submitted claim is as complete as possible. You may want to reference the following general tips when filing claims for LEQVIO:

- ☐ **Use appropriate codes to report the patient's condition, the drugs the patient received, and the services you have provided**
 - ICD-10-CM code
 - For a list of potentially applicable diagnosis codes, please see the [ICD-10-CM codes tab](#)
 - NDC
 - CPT code
 - HCPCS code
 - JZ modifier
 - 340B modifier
- ☐ **Attach additional information to the claim if necessary**
 - Letter of medical necessity
 - Prescribing Information
 - Patient notes
- ☐ **Review claim for accuracy, including patient identification numbers and coding**
- ☐ **File claim as soon as possible and within health plan filing time limits**
- ☐ **Reconcile claim reports promptly and thoroughly to ensure claims have been appropriately processed and paid**
- ☐ **Verify that payment amounts correspond with your public health plan allowables and your private health plan contracts**

For a list of potentially applicable diagnosis codes,
please see the [ICD-10-CM codes tab](#)

The LEQVIO® Service Center

Simple, reliable, and supportive solutions to help your patients get started on LEQVIO



ACCESS & REIMBURSEMENT SUPPORT

A dedicated Access Specialist will help with:

- Insurance verification
- PA research and appeals support
- Billing and coding questions
- Patient affordability options



AFFORDABILITY SUPPORT

Eligible commercially insured patients **may pay as little as \$0** for LEQVIO with the co-pay savings offer.

Subject to terms and conditions. Limitations apply.*



ONGOING PATIENT SUPPORT

The LEQVIO Care Program can help your patients along their treatment journey with a dedicated Patient Care Specialist,[†] who may assist with:

- Condition and treatment information
- Patient medication reminders
- Healthy living tips and tools



GET STARTED

Register for the Service Center Portal and submit your request online at ServiceCenterPortal.com

OR

Simply download the one-page [Start Form](#) and fax it to **877-LEQVIO8 (877-537-8468)**

Have questions? We are here to help.



Phone: **833-LEQVIO2 (833-537-8462)**



Fax: **877-LEQVIO8 (877-537-8468)**



Website: LEQVIO-access.com



Portal: ServiceCenterPortal.com

***Limitations apply.** Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate. Per treatment maximums and an annual benefit cap apply. For patients covered under the medical benefit, rebate for out-of-pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

[†]LEQVIO Care is a patient support program and not intended to take the place of the care provided by doctors or their office staff. LEQVIO Care does not provide medical advice or treatment.

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Potential ICD-10-CM codes

The codes listed in this tab are provided for educational purposes only and are not a guarantee of coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the health care provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.

The codes included on the following pages are included as examples of potential codes that may be relevant for LEQVIO®.

Select a link from below to view the specific codes in each category.

Primary diagnosis

Hyperlipidemia

- [Disorders of lipoprotein metabolism and other lipidemias](#) 11

Heterozygous familial hypercholesterolemia

- [Familial hypercholesterolemia](#) 11
- [Disorders of sphingolipid metabolism and other lipid storage disorders](#) 11

Secondary diagnosis

Clinical ASCVD

- [Atherosclerosis and atherosclerotic heart disease](#) 11
- [Ischemic heart disease \(other\)](#) 13
- [ST elevation \(STEMI\) and non-ST elevation \(NSTEMI\) myocardial infarction](#) 14
- [Presence of cardiac and vascular implants and grafts and other postprocedural states](#) 14
- [Occlusion and stenosis of precerebral and cerebral arteries, not resulting in cerebral infarction](#) 14
- [Cerebrovascular diseases \(other\)](#) 15
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- [Transient cerebral ischemic attack](#) 19
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- [Diseases of arteries, arterioles, and capillaries \(other\)](#) 30
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Increased risk of ASCVD

- [Type 2 diabetes mellitus](#) 31
- [Chronic kidney disease](#) 31
- [Essential \(primary\) hypertension](#) 31
- [Family history](#) 31

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International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes

Primary diagnosis codes

Hyperlipidemia

ICD-10-CM diagnosis code	Description
Disorders of lipoprotein metabolism and other lipidemias	
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.4	Other hyperlipidemia
E78.49	Other hyperlipidemia, familial combined hyperlipidemia
E78.5	Hyperlipidemia, unspecified

Heterozygous familial hypercholesterolemia

Familial hypercholesterolemia	
E78.01	Familial hypercholesterolemia
Disorders of sphingolipid metabolism and other lipid storage disorders	
E75.5	Other lipid storage disorders

Secondary diagnosis codes

Clinical ASCVD codes

Atherosclerosis and atherosclerotic heart disease	
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

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ICD-10-CM diagnosis code	Description
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina

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ICD-10-CM diagnosis code	Description
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
Ischemic heart disease (other)	
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I23.7	Postinfarction angina
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.8	Other forms of acute ischemic heart disease
I25.2	Old myocardial infarction
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified

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ICD-10-CM diagnosis code	Description
ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
Presence of cardiac and vascular implants and grafts and other postprocedural states	
Z95.1	Presence of aortocoronary bypass graft
Z95.5	Presence of coronary angioplasty implant and graft
Z98.61	Coronary angioplasty status
Occlusion and stenosis of precerebral and cerebral arteries, not resulting in cerebral infarction	
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery

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ICD-10-CM diagnosis code	Description
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
Cerebrovascular diseases (other)	
I67.2	Cerebral atherosclerosis
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.89	Other cerebrovascular disease
I67.9	Cerebrovascular disease, unspecified
I68.8	Other cerebrovascular disorders in diseases classified elsewhere

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ICD-10-CM diagnosis code	Description
Cerebral infarction	
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries

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ICD-10-CM diagnosis code	Description
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery

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ICD-10-CM diagnosis code	Description
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.8	Other cerebral infarction
I63.9	Cerebral infarction, unspecified

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ICD-10-CM diagnosis code	Description
Transient cerebral ischemic attack	
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
Vascular syndromes of brain in cerebrovascular diseases	
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
G46.3	Brain stem stroke syndrome
G46.4	Cerebellar stroke syndrome
G46.5	Pure motor lacunar syndrome
G46.6	Pure sensory lacunar syndrome
G46.7	Other lacunar syndromes
G46.8	Other vascular syndromes of brain in cerebrovascular diseases
Atherosclerosis	
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg

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ICD-10-CM diagnosis code	Description
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg

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ICD-10-CM diagnosis code	Description
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity

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ICD-10-CM diagnosis code	Description
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs

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ICD-10-CM diagnosis code	Description
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot

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ICD-10-CM diagnosis code	Description
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg

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ICD-10-CM diagnosis code	Description
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf

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ICD-10-CM diagnosis code	Description
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg

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ICD-10-CM diagnosis code	Description
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg

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ICD-10-CM diagnosis code	Description
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity

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ICD-10-CM diagnosis code	Description
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg

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ICD-10-CM diagnosis code	Description
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
Diseases of arteries, arterioles, and capillaries (other)	
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
Arterial embolism and thrombosis	
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.1	Embolism and thrombosis of other and unspecified parts of aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified

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ICD-10-CM diagnosis code	Description
Atheroembolism	
I75.011	Atheroembolism of right upper extremity
I75.012	Atheroembolism of left upper extremity
I75.013	Atheroembolism of bilateral upper extremities
I75.019	Atheroembolism of unspecified upper extremity
I75.02	Atheroembolism of lower extremity
I75.021	Atheroembolism of right lower extremity
I75.022	Atheroembolism of left lower extremity
I75.023	Atheroembolism of bilateral lower extremities
I75.029	Atheroembolism of unspecified lower extremity
Peripheral vascular angioplasty	
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z98.62	Peripheral vascular angioplasty status

Increased risk of ASCVD*

Clinical risk factors	
E11	Type 2 diabetes mellitus
N18	Chronic kidney disease
I10	Essential (primary) hypertension
<p>Please note: The 3-digit ICD-10-CM codes above are not complete codes on their own. To appropriately code these diagnoses in the required format, please reference the International Classification of Diseases, Tenth Revision code manual.</p>	
Family history	
Z83.42	Family history of familial hypercholesterolemia

*The factors that increase the risk of CVD include HeFH, T2DM, or 10-year risk of $\geq 20\%$. This is not an exhaustive list of factors, and there may be additional factors that contribute to an increased risk of ASCVD.

Reference: Centers for Medicare and Medicaid Services. 2022 ICD-10-CM. Accessed May 30, 2024. <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2022-icd-10-cm>

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Indication & Important Safety Information

INDICATION

LEQVIO® (inclisiran) injection is indicated as an adjunct to diet and statin therapy for the treatment of adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce low-density lipoprotein cholesterol (LDL-C).

IMPORTANT SAFETY INFORMATION

LEQVIO is contraindicated in patients with a prior serious hypersensitivity reaction to inclisiran or any of the excipients in LEQVIO. Serious hypersensitivity reactions have included angioedema. Adverse reactions in clinical trials ($\geq 3\%$ of patients treated with LEQVIO and more frequently than placebo) were injection site reaction, arthralgia, and bronchitis.

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