Leqvio® (Inclisiran)

Policy Number: IEXD0101.12
Effective Date: June 1, 2026

➲ Instructions for Use

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Related Policies
None

Applicable States

This Medical Benefit Drug Policy applies to Individual Exchange benefit plans in all states except for Nevada. For Nevada, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy.

Coverage Rationale

Leqvio (inclisiran) is proven and medically necessary for the treatment of primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD) in patients who meet all of the following criteria:

- For **initial therapy**, **all** of the following:
  - Diagnosis of **one** of the following:
    - Heterozygous familial hypercholesterolemia (HeFH); **or**
    - Atherosclerotic cardiovascular disease (ASCVD) (e.g., acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin); **or**
    - Primary hyperlipidemia

    and
  - Submission of medical records (e.g., chart notes, laboratory values) confirming **one** of the following:
    - Patient has been previously treated with PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)]; **or**
    - Patient has been receiving at least 12 consecutive weeks of high-intensity statin therapy (i.e., atorvastatin 40-80 mg, rosuvastatin 20-40 mg) and will continue to receive a high-intensity statin at maximally tolerated dose; **or**
    - **Both** of the following:
      - Patient is unable to tolerate high-intensity statin as evidenced by **one** of the following intolerable and persistent (i.e., more than 2 weeks) symptoms:
        - Myalgia [muscle symptoms without creatine kinase (CK) elevations]; **or**
        - Myositis [muscle symptoms with CK elevations < 10 times upper limit of normal (ULN)]

        and
      - Patient has been receiving at least 12 consecutive weeks of low-intensity or moderate-intensity statin therapy (i.e., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin ≥ 10 mg, pravastatin ≥ 10 mg,

lovastatin 20-40 mg, fluvastatin XL 80 mg, fluvastatin 20-40 mg up to 40mg twice daily or pitavastatin ≥ 1 mg) and will continue to receive a low-intensity or moderate-intensity statin at maximally tolerated dose

or

- Patient is unable to tolerate low or moderate, and high-intensity statins as evidenced by **one** of the following:
  - **One** of the following intolerable and persistent (i.e., more than 2 weeks) symptoms for low or moderate, and high-intensity statins:
    - Myalgia (muscle symptoms without CK elevations); **or**
    - Myositis [muscle symptoms with CK elevations < 10 times upper limit of normal (ULN)]

    or
  - Patient has a contraindication to all statins; **or**
  - Patient has experienced rhabdomyolysis or muscle symptoms with statin treatment with CK elevations > 10 times ULN

and

- Submission of medical records (e.g., chart notes, laboratory values) confirming that the patient has a history of failure, contraindication, or intolerance to PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)]; **and**
- Patient has LDL-C greater than or equal to 55 mg/dL; **and**
- Prescribed by one of the following:
  - Cardiologist
  - Endocrinologist
  - Lipid specialist

  and
- Leqvio will not be used in combination with PCSK9 inhibitor therapy; **and**
- Leqvio dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no more than 12 months

- For **continuation of therapy**, **all** of the following:
  - Documentation of a positive clinical response to Leqvio therapy; **and**
  - Prescribed by one of the following:
    - Cardiologist
    - Endocrinologist
    - Lipid specialist
  - Leqvio will not be used in combination with PCSK9 inhibitor therapy; **and**
  - Leqvio dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Reauthorization will be for no more than 12 months

Leqvio (inclisiran) is proven and medically necessary for the treatment of homozygous familial hypercholesterolemia (HoFH) in patients who meet all of the following criteria:

- For **initial therapy**, **all** of the following:
  - Diagnosis of homozygous familial hypercholesterolemia (HoFH) as confirmed by **one** of the following:
    - Submission of medical records (e.g., chart notes, laboratory values) confirming genetic confirmation of bi-allelic pathogenic/likely pathogenic variants on different chromosomes 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) genes or ≥ 2 such variants at different loci; **or**
    - Submission of medical records (e.g., chart notes, laboratory values) confirming **both** of the following:
      - Untreated LDL-C greater than 400 mg/dL; **and**
      - **One** of the following:
        - Xanthoma before 10 years of age; **or**
        - Evidence of familial hypercholesterolemia in at least one parent

    and
  - Patient is receiving other lipid-lowering therapy (e.g., statin, ezetimibe, LDL apheresis); **and**
  - Submission of medical records (e.g., chart notes, laboratory values) confirming that the patient has a history of failure, contraindication, or intolerance to PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)]; **and**
  - Prescribed by **one** of the following:
    - Cardiologist
    - Endocrinologist
    - Lipid specialist

    and
  - Leqvio will not be used in combination with PCSK9 inhibitor therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] or Juxtapid (lomitapide); **and**

- Leqvio dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
- Initial authorization will be for no more than 12 months

- For **continuation of therapy**, **all** of the following:
  - Documentation of a positive clinical response to Leqvio therapy; **and**
  - Prescribed by one of the following:
    - Cardiologist
    - Endocrinologist
    - Lipid specialist

    and
  - Leqvio will not be used in combination with PCSK9 inhibitor therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] or Juxtapid (lomitapide); **and**
  - Leqvio dosing is in accordance with the United States Food and Drug Administration approved labeling; **and**
  - Reauthorization will be for no more than 12 months

Definitions

High Risk Conditions: Defined as:
- Age ≥ 65 years
- Chronic kidney disease (eGFR 15-59 mL/min/1.73 m^2)
- Current smoking
- Diabetes Mellitus
- Heterozygous familial hypercholesterolemia
- History of congestive heart failure
- History of prior coronary artery bypass surgery or percutaneous coronary intervention (PCI) outside of the Major ASCVD Event(s)
- Hypertension
- Persistently elevated LDL-C [LDL-C ≥ 100 mg/dL (≥ 2.6 mmol/L)] despite maximally tolerated statin therapy and ezetimibe

Major ASCVD Events: For the purposes of this policy, Major ASCVD Events are defined as:
- History of ischemic stroke
- History of myocardial infarction (other than recent acute coronary syndrome event listed above)
- Recent acute coronary syndrome (within the past 12 months)
- Symptomatic peripheral arterial disease (history of claudication with ankle brachial index < 0.85, or previous revascularization or amputation)

Very High Risk: Defined as a history of multiple Major ASCVD Events or 1 Major ASCVD Event and multiple High-Risk Conditions.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J1306	Injection, inclisiran, 1 mg

Diagnosis Code	Description
E75.5	Other lipid storage disorders
E78.00	Pure hypercholesterolemia, unspecified
E78.010	Homozygous familial hypercholesterolemia [HoFH]
E78.011	Heterozygous familial hypercholesterolemia [HeFH]
E78.019	Familial hypercholesterolemia, unspecified

Diagnosis Code	Description
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.9	Disorder of lipoprotein metabolism, unspecified

Background

Atherosclerosis is an accumulation of lipids [mostly low-density lipoprotein cholesterol (LDL-C)] in the inner lining of the arteries over time. An atherosclerotic cardiovascular event (such as heart attack or stroke) can be caused by an unexpected rupture of the atherosclerotic plaque. Proprotein convertase subtilisin/kexin type 9 (PCSK9), which is synthesized primarily in hepatocytes, enters circulation, and binds to hepatic LDL receptors, targeting the LDL receptors for degradation. In turn, this process reduces the capacity of the liver to bind and remove LDL-C, resulting in increased LDL-C levels. The binding of PCSK9 by monoclonal antibodies has been shown to reduce LDL-C levels by more than 50%.

Inclisiran is a cholesterol-lowering double-stranded small interfering ribonucleic acid (siRNA), conjugated on the sense strand with triantennary N-acetylgalactosamine (GalNAc), to facilitate uptake by hepatocytes. Utilizing the RNA interference mechanism, inclisiran directs catalytic breakdown of mRNA in hepatocytes for PCSK9. This increases LDL-C receptor recycling and expression, therefore increasing LDL-C uptake and reducing LDL-C levels in circulation.

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy.

Clinical Evidence

ORION-9 (NCT03397121) was a phase 3, randomized, double-blind, placebo controlled trial, that evaluated the use of inclisiran in adult patients with heterozygous familial hypercholesterolemia (HeFH) who have been treated with a maximally tolerated dose of statin therapy. The study randomly assigned in a 1:1 ratio, 242 patients to receive inclisiran and 240 to receive placebo. 25% of patients had preexisting coronary artery disease and 10% had diabetes. The mean baseline LDL-C level was 153.1 mg/dL (±54 mg/dL). 90% of patients were receiving statins, including 75% who were on a high intensity statin. More than 50% were also receiving ezetimibe. The primary end points were the percent change from baseline in the LDL-C level at day 510 and time adjusted percent change from baseline in the LDL-C level between day 90 and day 540. 91.7% of patients in the inclisiran group completed the trial activities through day 540. Secondary endpoints included mean absolute change from baseline in LDL-C at day 510, time-adjusted absolute reduction from baseline between day 90 and day 540, and changes in levels of PCSK9, total cholesterol, apolipoprotein B, and non-high-density lipoprotein (HDL) cholesterol. Prespecified exploratory end points included the proportion of patients who met lipid targets for their level of cardiovascular risk and treatment response according to genotype of familial hypercholesterolemia. Study results showed at day 510, the percent change in LDL-C level was a reduction of 39.7% (95% CI -43.7 to -35.7) in the inclisiran group and an increase of 8.2% (95% CI, 4.3 to 12.2) in the placebo group; the between-group difference was -47.9 percentage points (95% CI, -53.5 to -42.3; $p < 0.001$). The time-averaged percent change in the LDL cholesterol level between day 90 and day 540 was a reduction of 38.1% (95% CI, -41.1 to -35.1) in the inclisiran group and an increase of 6.2% (95% CI, 3.3 to 9.2) in the placebo group, for a between-group difference of -44.3 percentage points (95% CI, -48.5 to -40.1; $p < 0.001$). Secondary endpoint analysis showed the mean absolute change from baseline in the LDL-C level at day 510 had a between-group difference of -68.9 mg/dL(95% CI, -77.1 to -60.7; $p < 0.001$). Additionally, the time-averaged observed difference in LDL cholesterol levels between day 90 and day 540 showed a between-group difference of -62.6 mg/dL ($p < 0.001$). At day 510, a reduction from baseline in the mean LDL cholesterol level of 50% or more was reported in 38% of patients in the inclisiran group (compared to 0.8% in the placebo group; $p < 0.001$). 65.3% of patients achieved an LDL-C level of less than 100 mg/dL. The authors concluded that among adults with HeFH, those who received inclisiran had significantly lower levels of LDL-C, than those who received placebo.[6]

Two randomized, double-blind, placebo-controlled, parallel-group phase 3 trials, ORION-10 (NCT03399370) (n = 1561) and ORION-11 (NCT03400800) (n = 1617), were conducted to assess the efficacy, safety, and adverse-event profile of

inclisiran over a period of 19 months in patients at high risk for cardiovascular disease in whom LDL-C levels remained elevated, despite use of a maximally tolerated statin therapy with or without additional lipid-lowering therapy. Randomization was stratified according to background use of statins, where patients were assigned 1:1 to receive either inclisiran or placebo on days 1, 90, 270, and 450. The primary endpoints in each trial were placebo-corrected percent change in LDL-C level from baseline to day 510 and time-adjusted percent change in LDL-C level from baseline after day 90 and up to day 540. Secondary endpoints included mean absolute change from baseline in LDL-C at day 510, time-adjusted absolute reduction from baseline between day 90 and day 540, and changes in levels of PCSK9, total cholesterol, apolipoprotein B, and non-high-density lipoprotein (HDL) cholesterol. The mean LDL-C level at baseline was 104.7 ±38.3 mg/dL (ORION-10) and 105.5 ±39.1 mg/dL (ORION-11). Additionally 68% of patients were receiving high-intensity statins. The primary endpoint analysis showed at day 510, inclisiran reduced LDL-C by 52.3% (95% CI, 48.8 to 55.7) in the ORION-10 trial and by 49.9% (95% CI, 46.6 to 53.1) in the ORION-11 trial, with corresponding time-adjusted reductions of 53.8% (95% CI, 51.3 to 56.2) and 49.2% (95% CI, 46.8 to 51.6) ($p < 0.001$ for all comparisons vs. placebo). Authors concluded that reductions in LDL-C levels of approximately 50% were obtained with inclisiran, when administered every 6 months.

ORION-13 (NCT04659863) was a 12-month randomized, double-blind, placebo-controlled trial in 13 pediatric patients aged 12 years and older with HoFH and elevated LDL-C. All patients were taking LDL-C-lowering therapies. Patients with a null (negative) variant in both low-density lipoprotein receptor (LDLR) alleles, who were considered unlikely to benefit from a reduction in PCSK9, were excluded. The diagnosis of HoFH was made by genetic testing. Patients were randomized in a 2:1 ratio to receive subcutaneous injections of either inclisiran 284 mg (n = 9) or placebo (n = 4) on Day 1, Day 90, and Day 270. The mean age at baseline was 15 years (range: 12 to 17 years), 69% were female, 85% were White, and 15% were Asian; 8% identified as Hispanic or Latino ethnicity. The mean LDL-C at baseline was 272 mg/dL; all patients were taking statins and 85% were on ezetimibe. The primary efficacy outcome measure was the percent change from baseline to Day 330 in LDL-C. The difference between the inclisiran and placebo groups in mean percentage change in LDL-C from baseline to Day 330 was -33% (95% CI: -80%, 13%).

Professional Societies

The American College of Cardiology/American Heart Association Task Force published their clinical practice guidelines for the management of blood cholesterol in 2018. In regards to those with severe hypercholesterolemia (LDL-C ≥ 190 mg/dL), the guideline recommends:[5]

- In patients 20 to 75 years of age with an LDL-C level of 190 mg/dL or higher (≥ 4.9 mmol/L) maximally tolerated statin therapy is recommended (Level I; B-R).
- In patients 20 to 75 years of age with an LDL-C level of 190 mg/dL or higher (≥ 4.9 mmol/L) who achieve less than a 50% reduction in LDL-C while receiving maximally tolerated statin therapy and/or have an LDL-C level of 100 mg/dL or higher (≥ 2.6 mmol/L) ezetimibe therapy is reasonable (Level IIa; B-R).
- In patients 20 to 75 years of age with a baseline LDL-C level 190 mg/dL or higher (≥ 4.9 mmol/L), who achieve less than a 50% reduction in LDL-C levels and have fasting triglycerides 300 mg/dL or lower (≤ 3.4 mmol/L) while taking maximally tolerated statin and ezetimibe therapy, the addition of a bile acid sequestrant may be considered (Level IIb; B-R).
- In patients 30 to 75 years of age with heterozygous FH and with an LDL-C level of 100 mg/dL or higher (≥ 2.6 mmol/L) while taking maximally tolerated statin and ezetimibe therapy, the addition of a PCSK9 inhibitor may be considered (Level IIb; B-R).
- In patients 40 to 75 years of age with a baseline LDL-C level of 220 mg/dL or higher (≥ 5.7 mmol/L) and who achieve an on-treatment LDL-C level of 130 mg/dL or higher (≥ 3.4 mmol/L) while receiving maximally tolerated statin and ezetimibe therapy, the addition of a PCSK9 inhibitor may be considered (Level IIb; C-LD).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Leqvio is indicated as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, adults and pediatric patients aged 12 years and older with heterozygous familial hypercholesterolemia (HeFH) , and pediatric patients aged 12 years and older with homozygous familial hypercholesterolemia (HoFH).

References

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Policy History/Revision Information

Date	Summary of Changes
06/01/2026	**Applicable States** ***Massachusetts*** *and* ***New York*** • Removed language indicating this Medical Benefit Drug Policy does not apply to the states of **Massachusetts** and **New York** ***Nevada*** • Added instruction to refer to the UnitedHealthcare Commercial policy version for the state of **Nevada** **Coverage Rationale** ***Primary Hyperlipidemia, including Heterozygous Familial Hypercholesterolemia (HeFH) or Clinical Atherosclerotic Cardiovascular Disease (ASCVD)*** • Revised coverage criteria for: Initial Therapy ○ Added criterion requiring: ▪ Submission of medical records (e.g., chart notes, laboratory values) confirming one of the following: – Patient has been previously treated with PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] – Patient has been receiving at least 12 consecutive weeks of high-intensity statin therapy (i.e., atorvastatin 40-80 mg, rosuvastatin 20-40 mg) and will continue to receive a high-intensity statin at maximally tolerated dose – Both of the following: • Patient is unable to tolerate high-intensity statin as evidenced by one of the following intolerable and persistent (i.e., more than 2 weeks) symptoms:

Date	Summary of Changes
	myalgia [muscle symptoms without creatine kinase (CK) elevations] or myositis [muscle symptoms with CK elevations < 10 times upper limit of normal (ULN)] • Patient has been receiving at least 12 consecutive weeks of low-intensity or moderate-intensity statin therapy (i.e., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin ≥ 10 mg, pravastatin ≥ 10 mg, lovastatin 20-40 mg, fluvastatin XL 80 mg, fluvastatin 20-40 mg up to 40mg twice daily or pitavastatin ≥ 1 mg) and will continue to receive a low-intensity or moderate-intensity statin at maximally tolerated dose – Patient is unable to tolerate low or moderate, and high-intensity statins as evidenced by one of the following: • One of the following intolerable and persistent (i.e., more than 2 weeks) symptoms for low or moderate, and high-intensity statins: myalgia (muscle symptoms without CK elevations) or myositis [muscle symptoms with CK elevations < 10 times upper limit of normal (ULN)] • Patient has a contraindication to all statins • Patient has experienced rhabdomyolysis or muscle symptoms with statin treatment with CK elevations > 10 times ULN ▪ Submission of medical records (e.g., chart notes, laboratory values) confirming that the patient has a history of failure, contraindication, or intolerance to PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] ▪ Patient has LDL-C greater than or equal to 55 mg/dL ○ Removed criterion requiring: ▪ Despite adherence to PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] (defined by at least 12 consecutive weeks of use), one of the following: – Both of the following: • Patient has clinical ASCVD • Patient failed to achieve LDL-C goal of < 55 mg/dL – Both of the following: • Patient has primary hyperlipidemia (pre-treatment LDL-C ≥ 190 mg/dL) • Patient failed to achieve LDL-C goal of < 100 mg/dL ▪ Patient has a history of intolerance or contraindication to PCSK9 therapy ▪ Patient will continue other traditional low-density lipoprotein-cholesterol (LDL-C) lowering therapies (e.g., maximally tolerated statins, ezetimibe) in combination with Leqvio ○ Replaced criterion requiring "Leqvio is prescribed by a lipid specialist (*e.g.,* cardiologist, endocrinologist, *lipid specialist/lipidologist*)" with "Leqvio is prescribed by one of the following: cardiologist, endocrinologist, or lipid specialist" Continuation of Therapy ○ Added criterion requiring Leqvio is prescribed by one of the following: ▪ Cardiologist ▪ Endocrinologist ▪ Lipid specialist ○ Replaced criterion requiring "Leqvio will not be used in combination with PCSK9 therapy" with "Leqvio will not be used in combination with PCSK9 *inhibitor* therapy" ***Homozygous Familial Hypercholesterolemia (HoFH)*** • Added language to indicate Leqvio (inclisiran) is proven and medically necessary for the treatment of HoFH in patients who meet all of the following criteria: ***Initial Therapy*** ○ Diagnosis of HoFH as confirmed by one of the following: ▪ Submission of medical records (e.g., chart notes, laboratory values) confirming genetic confirmation of bi-allelic pathogenic/likely pathogenic variants on different chromosomes 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*) genes or ≥ 2 such variants at different loci ▪ Submission of medical records (e.g., chart notes, laboratory values) confirming both of the following: – Untreated LDL-C greater than 400 mg/dL

Date	Summary of Changes
	– One of the following: • Xanthoma before 10 years of age • Evidence of familial hypercholesterolemia in at least one parent ○ Patient is receiving other lipid-lowering therapy (e.g., statin, ezetimibe, LDL apheresis) ○ Submission of medical records (e.g., chart notes, laboratory values) confirming that the patient has a history of failure, contraindication, or intolerance to PCSK9 therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] ○ Prescribed by one of the following: ▪ Cardiologist ▪ Endocrinologist ▪ Lipid specialist ○ Leqvio will not be used in combination with PCSK9 inhibitor therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] or Juxtapid (lomitapide) ○ Leqvio dosing is in accordance with the U.S. FDA-approved labeling ○ Initial authorization will be for no more than 12 months ***Continuation of Therapy*** ○ Documentation of a positive clinical response to Leqvio therapy ○ Prescribed by one of the following: ▪ Cardiologist ▪ Endocrinologist ▪ Lipid specialist ○ Leqvio will not be used in combination with PCSK9 inhibitor therapy [e.g., Praluent (alirocumab), Repatha (evolocumab)] or Juxtapid (lomitapide) ○ Leqvio dosing is in accordance with the U.S. FDA-approved labeling ○ Reauthorization will be for no more than 12 months **Supporting Information** • Updated *Clinical Evidence*, *FDA*, and *References* sections to reflect the most current information • Archived previous policy version IEXD0101.11

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.