

**Nexletol (bempedoic acid)
Nexlizet (bempedoic acid/ezetimibe)
Effective 02/01/2021**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Nexletol (bempedoic acid) and Nexlizet (bempedoic acid/ezetimibe) are approved for the treatment of:

- Established atherosclerotic cardiovascular disease, as an adjunct to diet and maximally tolerated statin therapy, in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C).
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Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member is ≥ 18 years of age
2. The member ONE of the following diagnosis:
 - a. Established atherosclerotic cardiovascular disease
 - b. Heterozygous familial hypercholesterolemia
3. The member is using requested medication as adjunct to diet
4. The member meets ONE of the following:



- a. Inadequate response to a combination of the following high dose statin (atorvastatin 80mg OR rosuvastatin 40mg) with ezetimibe for a consecutive 3 months
- b. Clinical documentation of adverse effect/contraindication to high dose statin

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.

Limitations

- 1. Initial approvals and reauthorizations will be granted for 24 months.
- 2. The following quantity limits apply:

Nexletol	30 tablets per 30 days
Nexlizet 180mg-10mg	30 tablets per 30 days

References

- 1. Nexletol (bempedoic acid) [prescribing information]. Ann Arbor, MI: Esperion Therapeutics Inc; February 2020.
- 2. Nexlizet (bempedoic acid and ezetimibe) [prescribing information]. Ann Arbor, MI: Esperion Therapeutics Inc; February 2020.

Review History

01/20/2021 – Created and reviewed for Jan P&T. Effective 02/01/21.

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