

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Nexletol (bepedoic acid) and Nexlizet (bepedoic 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 the plan 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:

- The member is  $\geq 18$  years of age
- The member ONE of the following diagnosis:
  - Established atherosclerotic cardiovascular disease
  - Heterozygous familial hypercholesterolemia
- The member is using requested medication as adjunct to diet
- The member meets ONE of the following:
  - Inadequate response to a combination of the following high dose statin (atorvastatin 80mg OR rosuvastatin 40mg) with ezetimibe for a consecutive 3 months
  - 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.

09/21/2022 – Reviewed at Sept P&T; Separated Comm/Exch vs MH policy; no clinical updates.

