Mass General Brigham
Health Plan

Nexletol (bempedoic acid)
Nexlizet (bempedoic acid/ezetimibe)
Effective 10/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Nexletol (bepedoic acid) and Nexlizet (bepedoic acid/ezetimibe) are approved as an adjunct to diet, alone or in combination with other low-density lipoprotein cholesterol (LDL-C) lowering therapies, to reduce LDL-C in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH).

Nexletol is indicated to indicated to reduce the risk of myocardial infarction and coronary revascularization in adults who are unable to take recommended statin therapy (including those not taking a statin) with:

- Established cardiovascular disease (CVD), or
- A high risk for a CVD event but without established CVD

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days 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 of the following criteria are met:

1. Member is 18 years of age or older
2. Member has ONE of the following diagnoses:
    a. Established cardiovascular disease (CVD)
    b. At high risk for CVD but without established CVD (e.g., diabetes mellitus)
    c. Heterozygous familial hypercholesterolemia
    d. Primary hyperlipidemia
3. Member is using requested medication as adjunct to diet
4. Member meets ONE of the following:
    a. Member has been administering statin therapy at the maximally tolerated dose for at least three consecutive months

b. Member has been unable to tolerate at least two statins
c. Member has a contraindication to all statins

5. **Nexletol:** Member meets ONE of the following:
    a. Member has been receiving at least three consecutive months of generic ezetimibe therapy as adjunct to maximally tolerated statin therapy
    b. Member has a history of contraindication or intolerance to ezetimibe
6. **Nexlizet:** Member has been receiving at least three consecutive months of generic ezetimibe therapy as adjunct to maximally tolerated statin therapy

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation of improvement in the member's condition (e.g., reduction in LDL)

Limitations

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

Drug Name and Dosage Form	Quantity Limit
Nexletol tablet	1 tablet per day
Nexlizet 180mg-10mg tablet	1 tablet per day

References

1. Nexletol (bempedoic acid) [prescribing information]. Ann Arbor, MI: Esperion Therapeutics Inc; March 2024.
2. Nexlizet (bempedoic acid and ezetimibe) [prescribing information]. Ann Arbor, MI: Esperion Therapeutics Inc; March 2024.

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.
07/09/2025 – Reviewed and Updated at July P&T. Updated diagnoses to include primary hyperlipidemia and high risk for CVD. Updated language for previous statin use to require that member has been administering maximally tolerated statin for at least three months or has been unable to tolerate two statins or has a contraindication to all statins. Specified ezetimibe trial requirements for Nexletol and Nexlizet. Effective 10/01/2025.