

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

NEXLETOL
(bempedoic acid)

NEXLIZET
(bempedoic acid/ezetimibe)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Nexletol

Nexletol is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

Nexlizet

Nexlizet is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of an adult patient with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease
AND
- The requested drug is being prescribed as an adjunct to maximally tolerated statin therapy
AND
- The patient requires additional lowering of low-density lipoprotein cholesterol (LDL-C)

REFERENCES

1. Nexletol [package insert]. Ann Arbor, MI: Esperion Therapeutics, Inc; February 2020.
2. Nexlizet [package insert]. Ann Arbor, MI: Esperion Therapeutics, Inc; February 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed February 2020.