

<b>Policy Name:</b>	<b>Nexletol (bempedoic acid) and Nexlizet (bempedoic acid-ezetimibe)</b>	<b>Policy #:</b>	<b>2758P</b>
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## Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Nexletol and Nexlizet.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Nexletol or Nexlizet when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

1.1 Diagnosis of one of the following:

- Established atherosclerotic cardiovascular disease (ASCVD) or high risk for a cardiovascular event but without established heart disease
- Heterozygous familial hypercholesterolemia (high cholesterol)

1.2 Age 18 years or older

1.3 Inability to achieve low-density lipoprotein cholesterol (LDL-C) goals on maximally tolerated statin therapy (such as atorvastatin)

### 2. Exclusion Criteria

2.1 Nexletol will not be covered in combination with PCSK9 therapy such as Repatha or Praluent

### 3. Approval Period

3.1 Initial: 12 months

3.2 Reauthorization: 12 months with documented clinical benefit

## CPT Codes

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## HCPCS Codes

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## 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.
3. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American

College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019 Jun 25;73(24):e285- e350.

4. American College of Cardiology Solution Set Oversight Committee 2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk. J Am Coll Cardiol. 2022 Oct 4;80(14):1366-1418.

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