

POLICY NAME	Nexletol (bempedoic acid) and Nexlizet (bempedoic	POLICY #	2758P
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Criteria

Coverage Criteria

- ☐ 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)
- ☐ Age 18 years or older
- ☐ Inability to achieve low-density lipoprotein cholesterol (LDL-C) goals on maximally tolerated statin therapy (such as atorvastatin)

Exclusion Criteria – Any of the following prevents coverage

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