

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

Criteria

Exclusion Criteria – Any of the following prevents coverage

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

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)