Pharmacy Drug Policy Checklist

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

Criteria

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)

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