STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer
Cabinet Secretary

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Office of Pharmacy Services
Prior Authorization Criteria
Effective 11/13/2024
Nexletol®, Nexlizet® (bempedoic acid, bempedoic acid/ezetimibe)

Prior Authorization Request Form

Nexletol® (bempedoic acid) is an adenosine triphosphate-citrate lyase (ACL) inhibitor 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® contains the active ingredient bempedoic acid, in combination with ezetimibe, a cholesterol absorption inhibitor.

CRITERIA FOR APPROVAL:

1) Patient must meet all age and indication restrictions imposed by the current FDA-approved label; **AND**

2) Documentation must be submitted indicating that the patient failed to reach an LDL<70 mg/dL and the goal LDL-C as set by the prescriber after an 8-week trial of either **atorvastatin 40 - 80 mg** OR **rosuvastatin 20 - 40 mg.** Note: If the patient failed to tolerate the first statin, then they must be trialed on the second statin for 8-weeks or until intolerance occurs.

Initial approval will be for 90 days. Further approvals may be granted for 1 year after all the continuation of therapy criteria has been met.

CONTINUATION OF THERAPY CRITERIA:

1) Patient continues to meet all initial approval criteria; **AND**
2) Demonstrate continued documented compliance; **AND**
3) Documentation is provided showing a reduction of at least 10% in LDL-C compared to pre-treatment levels**.**