STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Effective 11/8/2020
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 after an 8-week trial of either **atorvastatin 40 - 80 mg + ezetimibe** OR **rosuvastatin 20 - 40 mg + ezetimibe.** 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.

A request for Bempedoic acid or Bempedoic acid/Ezetimibe in combination with a PCSK9 inhibitor will only be authorized after review by medical director.

Initial approval will be for 90 days.

Additional coverage may be granted with documentation of efficacy supported by lipid panel showing a reduction of at least 10% in LDL-C compared to pre-treatment levels.

References:

1.) Nexletol Package Insert
2.) Nexlizet Package Insert
3.) Lexi-Comp Clinical Application 11/2/2020
4.) UptoDate article: Low Density lipoprotein cholesterol lowering with drugs other than statins and PCSK9 inhibitors accessed on 11/2/2020