BlueCross BlueShield
Federal Employee Program

**NEXLETOL (bempedoic acid)**
**NEXLIZET (bempedoic acid and ezetimibe)**

# Pre - PA Allowance

None

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# Prior-Approval Requirements

**Age** 18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:

1. Heterozygous familial hypercholesterolemia (HeFH)
    a. LDL-C level ≥ 100 mg/dL in the past 6 months

        **AND ONE** of the following:
        i. Confirmed diagnosis by LDL-R DNA Sequencing Test or APOB (hypercholesterolemia) Mutation Analysis
        ii. Dutch Lipid Clinic Network Criteria score > 5
        iii. Simon-Broome Diagnostic Criteria for definite familial hypercholesterolemia

2. Atherosclerotic cardiovascular disease (ASCVD)
    a. LDL-C level ≥ 70 mg/dL in the past 6 months

        **AND ONE** of the following:
        i. Documented history of **ONE** of the following ASCVD or cardiovascular events:
            1) Acute coronary syndrome (ACS)
            2) Myocardial infarction (MI)
            3) Stable or unstable angina
            4) Coronary or other arterial revascularization procedure (such as PTCA, CABG)
            5) Transient ischemic attack (TIA)
            6) Peripheral arterial disease (PAD) presumed to be of atherosclerotic origin
            7) Findings from CT angiogram or catheterization consistent with clinical ASCVD
        ii. At high risk for ASCVD or cardiovascular event based on 10- year risk score used by **ONE** of the following tools:

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1) ASCVD Pooled Cohort Risk Assessment: score ≥ 7.5%
2) Predicting risk of cardiovascular disease EVENTs (PREVENT): score ≥ 7.5%

**AND ALL** of the following for **ALL** diagnoses:

1. Patient will be assessed for response (i.e., LDL-C reduction) and adherence to the prescribed lipid lowering regimen
2. Patient has had an inadequate treatment response to statin therapy **OR** patient has an intolerance to higher dose/higher intensity statin therapy
3. Used in combination with maximally tolerated statin therapy
4. Prescriber agrees to monitor uric acid levels for hyperuricemia
5. **NO** dual therapy with another Prior Authorization (PA) lipid lowering agent (see Appendix 1)

## Prior - Approval Limits

**Quantity**

| Drug | Quantity |
|---|---|
| Nexletol | 90 tablets per 90 days **OR** |
| Nexlizet | 90 tablets per 90 days |

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:

1. Heterozygous familial hypercholesterolemia (HeFH)
2. Atherosclerotic cardiovascular disease (ASCVD)

**AND ONE** of the following:

a. Percentage reduction of LDL-C level ≥ 20%, compared to the level immediately prior to starting therapy with Nexletol/Nexlizet
b. Absolute LDL-C < 100mg/dL

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**AND ALL** of the following:

a. Patient will be assessed for adherence to the prescribed lipid lowering regimen
b. Prescriber agrees to monitor uric acid levels for hyperuricemia
c. **NO** dual therapy with another Prior Authorization (PA) lipid lowering agent (see Appendix 1)

## Prior - Approval *Renewal* Limits

Same as above

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### Appendix 1 - List of PA Lipid Lowering Agents

| Generic Name | Brand Name |
|---|---|
| alirocumab | Praluent |
| bempedoic acid | Nexletol |
| bempedoic acid/ezetimibe | Nexlizet |
| evolocumab | Repatha |
| inclisiran | Leqvio |
| lomitapide | Juxtapid |

*Dual therapy with Evkeeza (evinacumab-dgnb) is allowed