AETNA BETTER HEALTH® Coverage Policy/Guideline			♥aetna [™]	
Name:	Nexletol		Page:	1 of 2
Effective Date: 4/16/2025			Last Review Date:	3/2025
Applies to:	□Illinois ⊠Pennsylvania Kids	⊠New Jersey ⊠Virginia	⊠Florida Kids ⊠Maryland	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Nexletol under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

- To reduce the risk of myocardial infarction and coronary revascularization in adults who are unable to take recommended statin therapy (including those not taking a statin) with:
 - established cardiovascular disease (CVD), OR
 - o a high risk for a CVD event but without established CVD
- As an adjunct to diet, in combination with other low-density lipoprotein cholesterol (LDL-C) lowering therapies, or alone when concomitant LDL-C lowering therapy is not possible, to reduce LDL-C in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH).

Applicable Drug List:

Nexletol

Policy/Guideline:

Criteria for Initial Approval:

The requested drug will be covered with prior authorization when the following criteria are met:

 The requested drug is being prescribed to reduce low-density lipoprotein cholesterol (LDL-C) in an adult with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH)

AND

- The requested drug is being prescribed as an adjunct to diet
 AND
 - The request is NOT for continuation of therapy

AND

• The requested drug will be used in combination with other lowdensity lipoprotein cholesterol (LDL-C) lowering therapies

OR

 Concomitant use of the requested drug with other low-density lipoprotein cholesterol (LDL-C) lowering therapies is not possible

OR

The request is for continuation of therapy
 AND

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 The patient has achieved or maintained a reduction in low-density lipoprotein cholesterol (LDL-C) from baseline

OR

 The requested drug is being prescribed to reduce the risk of myocardial infarction and coronary revascularization in an adult

AND

 The patient has ANY of the following: A) established cardiovascular disease (CVD), or B) a high risk for a cardiovascular disease (CVD) event but without established CVD

AND

 The patient experienced an intolerance to the recommended statin therapy

OR

The patient has a contraindication that would prohibit use of statin therapy

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

- 1. Nexletol [package insert]. Ann Arbor, MI: Esperion Therapeutics, Inc; March 2024.
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- 3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed October 24, 2024.
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- 5. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 10/24/2024).
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 Management of Blood Cholesterol: A Report of the American College of Cardiology/American
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 18;139(25):e1082-1143.
- 7. Hadelsman Y, Jellinger PS, Guerin CK, et. al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Management of Dyslipidemia and Prevention of Cardiovascular Disease Algorithm -2020 Executive Summary. Endocr Pract. 2020;26(10):1196-1224.
- 8. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk: A Report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol*. 2022;80:1366-1418.