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Section:	Prescription Drugs	**Effective Date:**	April 1, 2026
Subsection:	Cardiovascular Agents	**Original Policy Date:**	March 27, 2020
Subject:	Nexletol Nexlizet	**Page:**	1 of 7

Last Review Date: March 6, 2026

Nexletol Nexlizet

Description

Nexletol (bempedoic acid), Nexlizet (bempedoic acid and ezetimibe)

Background
Nexletol (bempedoic acid) is an adenosine triphosphate-citrate lyase (ACL) inhibitor that lowers low-density lipoprotein cholesterol (LCL-C) by inhibition of cholesterol synthesis in the liver. ACL is an enzyme upstream of 3-hydroxy-3-methyl-glutaryl-coenzyme A (HMG-CoA) reductase in the cholesterol biosynthesis pathway. Inhibition of ACL results in decreased cholesterol synthesis in the liver and lowers LDL-C in blood via upregulation of low-density lipoprotein receptors. Nexlizet is a combination of bempedoic acid and ezetimibe; ezetimibe reduces blood cholesterol by inhibiting the absorption of cholesterol by the small intestine (1-2).

Regulatory Status
FDA-approved indications:
Nexletol, an adenosine triphosphate-citrate lyase (ACL) inhibitor, is indicated: (1)

- To reduce the risk of major adverse cardiovascular events (cardiovascular death, myocardial infarction, stroke, or coronary revascularization) in adults at increased risk for these events who are unable to take recommended statin therapy (including those not taking a statin).
- As an adjunct to diet and exercise, in combination with other low-density lipoprotein (LDL-C) lowering therapies, or alone when concomitant LDL-C lowering therapy is not possible to reduce LDL-C in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).

Nexlizet, a combination of bempedoic acid, an ACL inhibitor, and ezetimibe, a dietary cholesterol absorption inhibitor, is indicated: (2)

- As an adjunct to diet and exercise to reduce LDL-C in adults with hypercholesterolemia, including HeFH.
- Bempedoic acid, a component of Nexlizet, is indicated: to reduce the risk of major adverse cardiovascular events (cardiovascular death, myocardial infarction, stroke, or coronary revascularization) in adults at increased risk for these events who are unable to take recommended statin therapy (including those not taking a statin).

Nexletol and Nexlizet may increase blood uric acid levels, which may lead to the development of gout. Patients should be advised to contact their healthcare provider if symptoms of hyperuricemia occur. Serum uric acid should be assessed when clinically indicated (1-2).

Nexletol and Nexlizet are also associated with an increased risk of tendon rupture or injury. Nexletol or Nexlizet should be discontinued immediately if the patient experiences rupture of a tendon. Discontinuation should be considered if the patient experiences joint pain, swelling, or inflammation. Alternative therapy should be considered in patients with a history of tendon disorders or tendon rupture (1-2).

Nexletol and Nexlizet have an increased risk of myopathy when used with simvastatin > 20 mg or pravastatin > 40 mg. Patients should be advised to avoid concomitant use of Nexletol and Nexlizet with simvastatin > 20 mg or pravastatin >40 mg (1-2).

The safety and effectiveness of Nexletol and Nexlizet in pediatric patients less than 18 years of age have not been established (1-2).

Related policies
Evkeeza, Juxtapid, Leqvio, Praluent, Repatha

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Nexletol and Nexlizet may be considered **medically necessary** if the conditions indicated below are met.

Nexletol and Nexlizet may be considered **investigational** for all other indications.

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:
            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 *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

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)

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

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

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Nexletol (bempedoic acid) is an adenosine triphosphate-citrate lyase (ACL) inhibitor that lowers low-density lipoprotein cholesterol (LCL-C) by inhibition of cholesterol synthesis in the liver. ACL is an enzyme upstream of 3-hydroxy-3-methyl-glutaryl-coenzyme A (HMG-CoA) reductase in the cholesterol biosynthesis pathway. Inhibition of ACL results in decreased cholesterol synthesis in the liver and lowers LDL-C in blood via upregulation of low-density lipoprotein receptors. Nexlizet is a combination of bempedoic acid and ezetimibe; ezetimibe reduces blood cholesterol by inhibiting the absorption of cholesterol by the small intestine. The safety and effectiveness of Nexletol and Nexlizet in pediatric patients less than 18 years of age have not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Nexletol and Nexlizet while maintaining optimal therapeutic outcomes.

References

1. Nexletol [package insert]. Ann Arbor, MI: Esperion Therapeutics, Inc.; November 2025.
2. Nexlizet [package insert]. Ann Arbor, MI: Esperion Therapeutics, Inc.; November 2025.
3. Nissen SE, Lincoff AM, Brennan D, et al. Bempedoic Acid and Cardiovascular Outcomes in Statin-Intolerant Patients [published online ahead of print, 2023 Mar 4]. *N Engl J Med*. 2023;10.1056/NEJMoa2215024.

Policy History

Date	Action
March 2020	Addition to PA
June 2020	Annual review. Added initiation requirement of "Patient has had an inadequate treatment response to statin therapy OR patient has an intolerance to higher dose/higher intensity statin therapy" per FEP
September 2020	Annual review. Revised regulatory status section regarding concomitant use with simvastatin or pravastatin and added requirement to monitor uric acid levels
September 2021	Annual review and reference update
June 2022	Annual review and reference update
March 2023	Annual editorial review and reference update. Revised wording of no dual therapy requirement for consistency and added Appendix 1. Changed policy number to 5.40.027
April 2023	Per FEP, changed the continuation requirement for LDL reduction to ≥ 20%, changed requirement that lipid level should be within 6 months, rather than 90 days
June 2023	Annual review
March 2024	Annual review and reference update
March 2025	Annual review and reference update. Per SME, added PREVENT score as an optional ASCVD scoring tool, removed Framingham risk score as an option
June 2025	Annual review
March 2026	Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.

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