



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Nexletol

Page: 1 of 2

Effective Date: 8/1/2024

Last Review Date: 6/3/2024

Applies to: Illinois New Jersey Florida Kids
 Pennsylvania Kids Virginia 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
 - 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 low-density 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



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Nexletol

Page: 2 of 2

Effective Date: 8/1/2024

Last Review Date: 6/3/2024

Applies to: Illinois New Jersey Florida Kids
 Pennsylvania Kids Virginia Maryland

- 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.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed October 10, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 10/10/2023).
4. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. *Circulation* 2019;139:e1082-1143.
5. Hadelsman, 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(No. 10)
6. 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.