

# Antihyperlipidemics – Adenosine Triphosphate-Citrate Lyase Inhibitors

**WA.PHAR.155**

**Effective Date: 4/1/2026**

**Related medical policies:**

Policy Name
N/A

*Note: New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current publication of the Coordinated Care of Washington, Inc. Preferred Drug List (PDL), please visit: <https://www.coordinatedcarehealth.com/providers/pharmacy.html>

**Medical necessity**

Drug	Medical Necessity
Bempedoic acid (Nexletol) Bempedoic acid/Ezetimibe (Nexlizet)	<p><b>Antihyperlipidemics- Adenosine Triphosphate-Citrate Lyase Inhibitors</b> may be considered medically necessary in patients who meet the criteria described in the clinical policy below.</p> <ul style="list-style-type: none"> <li>Non-Preferred brand name products on the Apple Health Drug List with an A-rated generic, biosimilar or interchangeable biosimilar must also meet criteria in the WA.PHAR.65 Brands with Biosimilars or A-rated Generic policy.</li> </ul> <p>If all criteria are not met, the clinical reviewer may determine there is a medically necessary need and approve on a case-by-case basis. The clinical reviewer may choose to use the reauthorization criteria when a patient has been previously established on therapy and is new to Apple Health.</p>

**Clinical policy:**

Clinical Criteria	
	<p>Bempedoic acid (Nexletol) and bempedoic acid/ezetimibe (Nexlizet) may be approved when all the following documented criteria are met:</p> <ol style="list-style-type: none"> <li>Patient is 18 years of age or older; <b>AND</b></li> <li>Patient meets one of the following (a or b):</li> </ol>

<p><b>To reduce the risk of myocardial infarction (MI) and coronary revascularization in patients who are unable to take statin therapy (including those not taking a statin) with:</b></p> <ul style="list-style-type: none"> <li>• <b>established cardiovascular disease (CVD), or</b></li> <li>• <b>a high risk for a CVD event but without established CVD</b></li> </ul> <p>Bempedoic acid (Nexletol) Bempedoic acid/Ezetimibe (Nexlizet)</p>	<ul style="list-style-type: none"> <li>a. Patient has established CVD defined as any of the following:             <ul style="list-style-type: none"> <li>i. Coronary artery disease; <b>OR</b></li> <li>ii. Symptomatic peripheral artery disease; <b>OR</b></li> <li>iii. Cerebrovascular atherosclerotic disease; <b>OR</b></li> </ul> </li> <li>b. Patient is at high risk for CVD with one or more of the following:             <ul style="list-style-type: none"> <li>i. Reynolds Risk score &gt; 30%; or SCORE Risk score &gt; 7.5% over 10 years; <b>OR</b></li> <li>ii. Coronary artery calcium score &gt; 400 Agatston units (AU) at any time in the past; <b>OR</b></li> <li>iii. Patients with Type 1 or Type 2 diabetes, aged &gt; 65 years (women) or &gt; 60 years (men); <b>OR</b></li> <li>iv. Framingham risk score ≥ 20% (high risk); <b>AND</b></li> </ul> </li> </ul> <p>3. Patient meets one of the following (a or b) unless contraindicated:</p> <ul style="list-style-type: none"> <li>a. Patient has tried one high-intensity statin (i.e., atorvastatin ≥40 mg daily, rosuvastatin ≥ 20 mg daily) [minimum trial of 12 weeks]; <b>AND</b> <ul style="list-style-type: none"> <li>i. Low-density lipoprotein cholesterol (LDL-C) remains ≥ 70 mg/dL; <b>OR</b></li> </ul> </li> <li>b. Patient is statin intolerant defined as either of the following:             <ul style="list-style-type: none"> <li>i. Experienced statin-related rhabdomyolysis along with end organ damage or myoglobinuria; <b>OR</b></li> <li>ii. Experienced skeletal muscle symptoms which occurred while receiving separate trials of both atorvastatin and rosuvastatin and symptoms resolved upon discontinuation of each medication</li> </ul> </li> </ul> <p>If ALL criteria are met, the request will be authorized for <b>12 months</b>.</p>
	<p><b>Criteria (Reauthorization)</b></p> <p>Bempedoic acid (Nexletol) and bempedoic acid/ezetimibe (Nexlizet) may be approved when all the following documented criteria are met:</p> <ul style="list-style-type: none"> <li>1. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., decrease in LDL-C or achievement of patient LDL-C goal).</li> </ul> <p>If ALL criteria are met, the request will be authorized for <b>12 months</b>.</p>
<p><b>To reduce LDL-C in adults with primary hyperlipidemia including heterozygous familial hypercholesterolemia (HeFH)</b></p>	<p>Bempedoic acid (Nexletol) and bempedoic acid/ezetimibe (Nexlizet) may be approved when all the following documented criteria are met:</p> <ul style="list-style-type: none"> <li>1. Patient is 18 years of age or older, <b>AND</b></li> <li>2. Patient has a diagnosis of either of the following (a or b):</li> </ul>

<p>Bempedoic acid (Nexletol) Bempedoic acid/Ezetimibe (Nexlizet)</p>	<p>a. Diagnosis of primary hyperlipidemia; <b>OR</b> b. Diagnosis of HeFH; <b>AND</b></p> <p>3. Patient is currently taking a maximally tolerated statin unless contraindicated or not tolerated; <b>AND</b></p> <p>4. LDL-C remains <math>\geq</math> 70 mg/dL</p> <p>If ALL criteria are met, the request will be authorized for <b>12 months</b>.</p> <p><b>Criteria (Reauthorization)</b></p> <p>Bempedoic acid (Nexletol) and bempedoic acid/ezetimibe (Nexlizet) may be approved when all the following documented criteria are met:</p> <p>1. Documentation is submitted demonstrating disease stability or a positive clinical response (e.g., decrease in LDL-C or achievement of patient LDL-C goal).</p> <p>If ALL criteria are met, the request will be authorized for <b>12 months</b>.</p>
--	--

### Dosage and quantity limits

Drug	Indication	Approved Dose	Dosage Form and Quantity Limit
Nexletol	<p>To reduce the risk of myocardial infarction (MI) and coronary revascularization in patients who are unable to take statin therapy (including those not taking a statin) with:</p> <ul style="list-style-type: none"> <li>established cardiovascular disease (CVD), or</li> <li>a high risk for a CVD event but without established CVD</li> </ul>	180 mg once daily	<ul style="list-style-type: none"> <li>180 mg tablets: 1 tablet per day</li> </ul>
Nexletol	<p>To reduce LDL-C in adults with primary hyperlipidemia including heterozygous familial hypercholesterolemia (HeFH)</p>	180 mg once daily	<ul style="list-style-type: none"> <li>180 mg tablets: 1 tablet per day</li> </ul>

<b>Nexlizet</b>	To reduce the risk of myocardial infarction (MI) and coronary revascularization in patients who are unable to take statin therapy (including those not taking a statin) with: <ul style="list-style-type: none"> <li>established cardiovascular disease (CVD), or</li> </ul> a high risk for a CVD event but without established CVD	180 mg bempedoic acid/10 mg ezetimibe once daily	<ul style="list-style-type: none"> <li>180 mg bempedoic acid/10 mg ezetimibe tablets: 1 tablet per day</li> </ul>
<b>Nexlizet</b>	To reduce LDL-C in adults with primary hyperlipidemia including heterozygous familial hypercholesterolemia (HeFH)	180 mg bempedoic acid/10 mg ezetimibe once daily	<ul style="list-style-type: none"> <li>180 mg bempedoic acid/10 mg ezetimibe tablets: 1 tablet per day</li> </ul>

**Coding:**

HCPCS Code	Description
N/A	N/A

**Background:**

CVD is a leading cause of morbidity and mortality worldwide. Atherosclerotic cardiovascular disease (ASCVD) is defined as individuals who have experienced acute coronary syndrome, history of MI, stable or unstable angina or coronary or other revascularizations, stroke, transient ischemic attack or peripheral artery disease. Lowering LDL-C has been strongly correlated to reduce the risk of CV disease in patients with ASCVD.

Familial hypercholesterolemia is an autosomal dominant genetic disease that is characterized by elevated LDL-C and premature ASCVD. It is estimated that 620,000 people in the U.S. have familial hypercholesterolemia which includes HeFH and homozygous familial hypercholesterolemia (HoFH) with HeFH being the most common. LDL-C  $\geq$  190 mg/dL in adults suggests a diagnosis of HeFH. Since publication of the 2018 AHA/ACC/multisociety cholesterol Guideline on the Management of Blood Cholesterol, three additional non-statin therapies have received FDA approval for management of hypercholesterolemia (bempedoic acid, evinacumab, inclisiran). The 2022 ACC Consensus Decision Pathway was designed to address current gaps in care for LDL-C lowering to reduce ASCVD risk and provides further recommendations regarding the use of newer non-statin therapies. The key updates that the 2022 ACC Consensus Pathway recommend are for adults with ASCVD at very high risk on a maximally tolerated statin therapy that requires additional lowering of LDL-C (patient has achieved  $<$ 50% reduction in LDL-C or LDL-C greater than or equal to 55 mg/dL or non-HDL-C greater than or equal to 85 mg/dL) despite maximally tolerated statin therapy, a PCSK9 inhibitor and/or ezetimibe are preferred as the initial non-statin therapy followed by bempedoic acid or inclisiran for further LDL-C lowering. For adults with ASCVD NOT at very high risk on a maximally tolerated statin therapy that require additional lowering of LDL-C (patient has achieved  $<$ 50% reduction in LDL-C or LDL-C greater than or equal to 70 mg/dL or non-HDL-C greater than or equal to 100 mg/dL) despite maximally tolerated statin therapy, when considering the addition of a non-statin therapy, ezetimibe is the preferred initial non-statin followed by adding or replacing with a PCSK9 inhibitor, then trying bempedoic acid or inclisiran.

The CLEAR Outcomes trial was a double-blind trial conducted in 32 countries and included 13,970 patients who were unable or unwilling to take guideline-recommended doses of statins that were randomized to oral bempedoic acid 180 mg daily or placebo and followed for a median of 3.4 years that was completed November 7th, 2022. The primary end point was a four-component composite of major adverse cardiovascular events, defined as cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization. The trial demonstrated that bempedoic acid significantly reduced the risk of major adverse cardiovascular events (MACE) in patients who were intolerant to statins. Specifically, the primary outcome—a composite of cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, or coronary revascularization—occurred in 11.7% of patients receiving bempedoic acid, compared to 13.3% in the placebo group, reflecting a hazard ratio of 0.87 (95% CI, 0.79 to 0.96;  $P=0.004$ ).

## References

1. Nissen SE, Lincoff AM, Brennan DM, et al. Bempedoic acid and cardiovascular outcomes in StatinIntolerant patients. The New England Journal of Medicine. 2023;388(15):1353-1364. doi:10.1056/nejmoa2215024
2. Nexletol (bempedoic acid) [prescribing information]. Ann Arbor, MI: Esperion Therapeutics, Inc.; July 2025.
3. Nexlizet (bempedoic acid and ezetimibe) [prescribing information]. Ann Arbor, MI: Esperion Therapeutics, Inc.; July 2025.
4. 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. Journal of the American College of Cardiology. 2022;80(14):1366- 1418. doi:10.1016/j.jacc.2022.07.006
5. 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: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019;139(25). doi:10.1161/cir.0000000000000625

## History

Approved Date	Effective Date	Version	Action and Summary of Changes
10/15/2025	04/01/2026	39.38.00-1	Approved by DUR Board

Policy: Adenosine Triphosphate- Citrate Lyase Inhibitors

			-New policy created
--	--	--	---------------------