NEXLIZET® (bempedoic acid and ezetimibe) tablets NEXLETOL® (bempedoic acid) tablets

Referral Form for NEXLIZET or NEXLETOL

***Required field**

Customer Service: 1-888-673-1686 | Fax completed form to: 1-866-312-4030

1. Patient Information

Populating this section as comprehensively as possible, or including chart notes that contain this information, will expedite processing.

*Patient Name (first and last):	*Date of Birth (MM/DD/YYYY):	Sex: ☐ Male ☐ Female	Weight:
		Height:	BMI:

Address (cannot be a PO box):	City:	State:	ZIP Code:

*Best Phone Number:	SSN (optional) (Required for TRICARE members)
☐ Cell ☐ Home ☐ Work ☐ Other:	

Email:

☐ Insurance Card faxed separately If checked, may leave insurance information blank	Primary Insurance Provider (if applicable):	Primary Insurance Phone Number:

Policyholder Name:	Relationship to Patient (if not policyholder):

Member ID:	Group ID:	RxBIN:	PCN:

2. Prescriber Information

*Prescriber Name:

*Prescriber's Primary Specialty:	*NPI:	DEA:
☐ Primary Care ☐ Cardiologist ☐ Lipidologist ☐ Endocrinologist ☐ Other:		

*Prescriber Address:	*City:	*State:	*ZIP Code:

*Office Contact Name:	*Office Contact Phone Number:	*Office Contact Fax Number:	*Office Contact Email:

3. Prescription Information

℞

Drug: ☐ NEXLETOL® (bempedoic acid) 180-mg tablets
☐ NEXLIZET® (bempedoic acid and ezetimibe) 180-mg/10-mg tablets

Dispense as written: ☐ Yes
Quantity: ☐ 30 ☐ 90 ☐ Other:

Refills: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

Sig (Directions): Take one tablet by mouth daily

4. Clinical Information

Allergies: _____

Diagnosis (select all that apply):

☐ Clinical atherosclerotic cardiovascular disease (ASCVD), *select all that apply from the below:*

Conditions and Procedures	ICD-10 Code(s)
☐ Stroke	
☐ Ministroke/transient ischemic attack (TIA)	
☐ Acute coronary syndrome (ACS)	
☐ Heart attack/myocardial infarction (MI)	
☐ Revascularization	
☐ Angina (stable or unstable)	
☐ Peripheral arterial disease (PAD)	
☐ Other: _____	

List additional relevant clinical diagnoses with ICD-10 codes

☐ Heterozygous familial hypercholesterolemia (HeFH) *An autosomal dominant disease characterized by markedly elevated plasma concentrations of LDL-C, typically >190 mg/dL (untreated)*
ICD-10 Code(s): _____

Previous and/or Current Lipid-Lowering Therapy Information:

☐ Patient is currently on maximally tolerated statin therapy

Therapy	Dose(s)	Start Date	Stop Date	Current
☐ Atorvastatin				☐
☐ Pravastatin				☐
☐ Rosuvastatin				☐
☐ Simvastatin				☐
☐ Ezetimibe				☐
☐				☐
☐				☐

Medical history with statin therapy:	Rationale for dose adjustments or changes in therapy:

Most Recent LDL-C Level: _____
Date measured: _____

Most Recent TC Level: _____
Date measured: _____

☐ Provider has recommended that the patient adhere to a diet and exercise regimen

Has your office previously completed a prior authorization for this product? ☐ YES ☐ NO

If YES, Outcome: ☐ APPROVED (Date: _____)
☐ DENIED* (Date: _____)
*please provide denial # _____ or documentation

For Denials: Has an appeal been submitted for this prior authorization denial? ☐ YES ☐ NO

If YES, what was the outcome? _____
Date: _____

Prescriber's Signature:

Date of Signature:

Please see Indication, Important Safety Information, and Note on the following page.

NOTE

The patient, prescription, and clinical information provided on this enrollment form is intended solely as a resource to assist the staff in physicians' offices and hospitals with providing information to health plans to determine reimbursement status. ESPERION makes no representation about the information provided, as reimbursement information, including applicable policies and laws, are subject to change. The prescription information is not conclusive or exhaustive and is not intended to replace the guidance of a qualified, professional advisor. The decision to prescribe NEXLETOL or NEXLIZET is the sole responsibility of the prescriber. ESPERION does not recommend or endorse the use of any particular diagnosis, diagnosis code, or other clinical criteria, and makes no determination regarding if or how reimbursement may be available. The use of this information does not guarantee payment or that any payment received will equal a certain amount. The criteria listed herein may not apply to all patients or to all health plans; providers should exercise independent clinical judgment when submitting patient, prescription, and clinical information to accurately reflect the services and products rendered to a specific patient.

INDICATION

NEXLETOL and NEXLIZET are indicated as adjuncts to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.
Limitations of Use: The effect of NEXLETOL and NEXLIZET on cardiovascular morbidity and mortality has not been determined.

IMPORTANT SAFETY INFORMATION

Contraindications: NEXLETOL has no contraindications. NEXLIZET is contraindicated in patients with a known hypersensitivity to ezetimibe tablets. Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria have been reported with ezetimibe.

Warnings and Precautions: *Hyperuricemia:* Bempedoic acid, a component of NEXLETOL and NEXLIZET, may increase blood uric acid levels. Hyperuricemia may occur early in treatment and persist throughout treatment, and may lead to the development of gout, especially in patients with a history of gout. Assess uric acid levels periodically as clinically indicated. Monitor for signs and symptoms of hyperuricemia, and initiate treatment with urate-lowering drugs as appropriate.
Tendon Rupture: Bempedoic acid is associated with an increased risk of tendon rupture or injury. In clinical trials, tendon rupture occurred in 0.5% of patients treated with bempedoic acid versus 0% of patients treated with placebo, and involved the rotator cuff (the shoulder), biceps tendon, or Achilles tendon. Tendon rupture occurred within weeks to months of starting bempedoic acid. Tendon rupture may occur more frequently in patients over 60 years of age, patients taking corticosteroid or fluoroquinolone drugs, patients with renal failure, and patients with previous tendon disorders. Discontinue NEXLETOL or NEXLIZET at the first sign of tendon rupture. Avoid NEXLETOL and NEXLIZET in patients who have a history of tendon disorders or tendon rupture.

Adverse Reactions: In NEXLETOL clinical trials, the most commonly reported adverse reactions were upper respiratory tract infection, muscle spasms, hyperuricemia, back pain, abdominal pain or discomfort, bronchitis, pain in extremity, anemia, and elevated liver enzymes. Reactions reported less frequently, but still more often than with placebo, included benign prostatic hyperplasia and atrial fibrillation.
In the NEXLIZET clinical trial, the most commonly reported adverse reactions observed with NEXLIZET, but not observed in clinical trials of bempedoic acid or ezetimibe, a component of NEXLIZET, and occurring more frequently than with placebo, were urinary tract infection, nasopharyngitis, and constipation.
Adverse reactions reported in clinical trials of ezetimibe, and occurring at an incidence greater than with placebo, included upper respiratory tract infection, diarrhea, arthralgia, sinusitis, pain in extremity, fatigue, and influenza. Other adverse reactions reported in postmarketing use of ezetimibe included hypersensitivity reactions, including anaphylaxis, angioedema, rash, and urticaria; erythema multiforme; myalgia; elevated creatine phosphokinase; myopathy/rhabdomyolysis; elevations in liver transaminases; hepatitis; abdominal pain; thrombocytopenia; pancreatitis; nausea; dizziness; paresthesia; depression; headache; cholelithiasis; cholecystitis.

Drug Interactions: *Simvastatin and Pravastatin:* Concomitant use with bempedoic acid results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use of either NEXLETOL or NEXLIZET with greater than 20 mg of simvastatin or 40 mg of pravastatin should be avoided.
Cyclosporine: Caution should be exercised when using NEXLIZET and cyclosporine concomitantly due to increased exposure to both ezetimibe and cyclosporine. Monitor cyclosporine concentrations in patients receiving NEXLIZET and cyclosporine. In patients treated with cyclosporine, the potential effects of the increased exposure to ezetimibe from concomitant use should be carefully weighed against the benefits of alterations in lipid levels provided by NEXLIZET.
Fibrates: Coadministration of NEXLIZET with fibrates other than fenofibrate is not recommended. Fenofibrate and ezetimibe may increase cholesterol excretion into the bile, leading to cholelithiasis. If cholelithiasis is suspected in a patient receiving NEXLIZET and fenofibrate, gallbladder studies are indicated and alternative lipid-lowering therapy should be considered.
Cholestyramine: Concomitant use of NEXLIZET and cholestyramine decreases ezetimibe concentration. This may result in a reduction of efficacy. Administer NEXLIZET either at least 2 hours before, or at least 4 hours after, bile acid sequestrants.

Lactation and Pregnancy: It is not recommended that NEXLETOL or NEXLIZET be taken during breastfeeding. Discontinue NEXLETOL or NEXLIZET when pregnancy is recognized, unless the benefits of therapy outweigh the potential risks to the fetus. Based on the mechanism of action of bempedoic acid, NEXLETOL and NEXLIZET may cause fetal harm.

Please see full Prescribing Information for NEXLETOL AND NEXLIZET at NEXLIZETHCP.com.

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