

The information contained in this sample letter is provided by ESPERION for informational purposes for patients who have been prescribed an ESPERION medicine. There is no requirement that any patient or healthcare provider use any ESPERION product in exchange for this information, and this sample letter is not meant to be a substitute for a prescriber's independent medical decision making.

This sample is provided for your guidance only. Use of the information in this letter does not guarantee that the insurance company will provide coverage for NEXLIZET® (bempedoic acid and ezetimibe) tablets, and it is not intended to substitute or influence your independent medical judgment as a physician. Your office must compose a Letter of Medical Necessity, using this sample if preferred, to be submitted on behalf of a patient.

### **INDICATION**

NEXLIZET is indicated as an adjunct 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 NEXLIZET on cardiovascular morbidity and mortality has not been determined.

### **IMPORTANT SAFETY INFORMATION**

***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 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 NEXLIZET at the first sign of tendon rupture. Avoid NEXLIZET in patients who have a history of tendon disorders or tendon rupture.

***Adverse Reactions:*** 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.

In clinical trials of bempedoic acid, 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.

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 results in increased concentrations and increased risk of simvastatin or pravastatin-related myopathy. Use 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 NEXLIZET be taken during breastfeeding. Discontinue NEXLIZET when pregnancy is recognized, unless the benefits of therapy outweigh the potential risks to the fetus. Based on the mechanism of action, NEXLIZET may cause fetal harm.

**Please see full Prescribing Information for NEXLIZET.**

**NEXLIZET® (bempedoic acid and ezetimibe) Tablets Letter of Medical Necessity**

RE:

DOB:

Attn:

Dear \_\_\_\_\_,

I am writing this letter on behalf of my patient \_\_\_\_\_ . NEXLIZET is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease (ASCVD) who require additional lowering of low-density lipoprotein cholesterol (LDL-C).

*Limitations of Use:* The effect of NEXLIZET on cardiovascular morbidity and mortality has not been determined.

Based on the FDA-approved indication stated above and clinical data, I believe that treatment with NEXLIZET is medically necessary for \_\_\_\_\_ .

NEXLIZET is medically necessary as documented by:

- **History of HeFH or established ASCVD:**

- **History of statin therapy:**

In summary, based on my clinical opinion, NEXLIZET is medically necessary for . This is fully consistent with the FDA-approved indication.

Please call my office at if I can provide you with any additional information to approve my request.

Sincerely,