



**Commercial/Health Care Exchange Quantity Limit Criteria**  
*Effective: June 3, 2020*

**Prior Authorization:** Nexletol

**Products Affected:** Nexletol (bempedoic acid) oral tablets

**Type of Quantity Limit:**

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify): \_\_\_\_\_

**Limits to be applied:**

Nexletol 180mg oral tablet

30 tablets per 30 days

**References:**

1. Nexletol [package insert]. Ann Arbor, MI; Esperion Therapeutics, Inc.2020

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020

Last Res. 6.3.2020