

<b>POLICY NAME</b>	Statin (HMG CoA reductase inhibitor), Brand	<b>POLICY #</b>	<b>1905P</b>
--------------------	---	-----------------	--------------

## Criteria

### Criteria for Coverage of a Brand-Name Statin

- ☐ 1.1 A confirmed diagnosis of hyperlipidemia, with recent LDL level submitted to support diagnosis
- ☐ 1.2 Documented failure to achieve cholesterol goals with one of the following:
  - Maximum tolerated high intensity dose of atorvastatin (40mg or 80mg) or rosuvastatin (20mg or 40mg) after at least 90 days of therapy
  - Documented intolerance with any two of the following statins: o Atorvastatin o Lovastatin o Pravastatin o Rosuvastatin o Simvastatin

### Criteria for Coverage of Ezallor Sprinkle

- ☐ 2.1 Age 7 years or older
- ☐ 2.2 Documentation that the member is unable to swallow rosuvastatin tablets due to an underlying medical condition or documentation that the drug is being administered via a gastric tube