

<b>Policy Name:</b>	<b>Statin (HMG CoA reductase inhibitor), Brand Name</b>	<b>Policy #:</b>	<b>1905P</b>
---------------------	---	------------------	--------------

## Purpose of the Policy

The purpose of this policy is to establish the criteria for the coverage of branded HMG CoA reductase inhibitors.

## Statement of the Policy

Branded statin medications such as Altoprev (lovastatin extended-release), Ezallor Sprinkle (rosuvastatin), Livalo (pitavastatin), Lescol XL (fluvastatin), and Zypitamag (pitavastatin magnesium) may be covered if the following criteria for coverage have been met.

## Criteria

- 1. 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:
      - Atorvastatin
      - Lovastatin
      - Pravastatin
      - Rosuvastatin
      - Simvastatin
- 2. 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
- 3. Approval Period**
  - 3.1 Initial: 12 months
  - 3.2 Reauthorization: 12 months with documented clinical benefit

## CPT Codes

--	--

## HCPCS Codes

--	--

## References

1. 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. J Am Coll Cardiol. 2019 Jun 25;73(24):e285- e350.

2. American College of Cardiology Solution Set Oversight Committee 2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease Risk. J Am Coll Cardiol. 2022 Oct 4;80(14):1366-1418.

**Created Date:** 06/06/12

**Effective Date:** 01/01/13

**Posted to Website:** 01/01/22

**Revision Date:** 06/05/24

#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.