

# Ezetimibe

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ezetimibe	May be subject to quantity limit

## APPROVAL CRITERIA

Requests for ezetimibe may be when following criteria are met:

- I. Individual has had a trial of two preferred high intensity statins, or two statins at the maximally tolerated dose, and did NOT achieve LDL cholesterol goal (AACE 2017):

Preferred high intensity statin agents: Atorvastatin 40 mg or 80 mg, rosuvastatin (generic Crestor) 20 mg or 40 mg.

**-OR-**

- II. Individual is statin intolerant based on one of the following:
  - A. Inability to tolerate at least 2 statins, with at least one started at the lowest starting daily dose, demonstrated by intolerable symptoms or clinically significant biomarker changes (NLA 2014); **OR**
  - B. Statin associated rhabdomyolysis after a trial of one statin:

**OR**

  - C. Individual has a contraindication<sup>^</sup> for statin therapy including active liver disease, unexplained persistent elevation of hepatic transaminases, or pregnancy;

**OR**

- III. Individual has homozygous familial sitosterolemia

<sup>^</sup>Muscle aches are not considered a contraindication to statin therapy.

State Specific Mandates		
<u>State</u> N/A	<u>Date effective</u> N/A	<u>Mandate details (including specific bill if applicable)</u> N/A

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### **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 12, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Jellinger PS, Handelsman Y, Rosenblit PD, et al. American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease. *Endocr Pract*. 2017;23(Suppl 2):1-87.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
6. Lloyd-Jones DM, Morris PB, Ballantyne CM, et al. 2016 ACC expert consensus decision pathway on the role of non-statin therapies for LDL-cholesterol lowering in the management of atherosclerotic cardiovascular disease risk: a report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents. *J Am Coll Cardiol*. 2016;68:92–125.
7. Stone NJ, Robinson J, Lichtenstein AH, et al. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. [published online ahead of print November 12, 2013]. *J Am Coll Cardiol*. 2013. doi:10.1016/j.jacc.2013.11.002. Available from: <http://www.sciencedirect.com/science/article/pii/S0735109713060282>. Accessed July 11, 2018.