



**Policy Title** Ezetimibe/simvastatin (Vytorin®)

**Policy Number** FS.CLIN.81

*Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.*

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*Members are advised to use participating pharmacies in order to receive the highest level of benefits.*

## Policy

**Ezetimibe/simvastatin (Vytorin®)** is indicated as adjunctive therapy to diet to reduce elevated total-C, LDL-C, Apo B, TG, and non-HDL-C, and to increase HDL-C in patients with hyperlipidemia or mixed hyperlipidemia and to reduce elevated total-C and LDL-C in patients with homozygous familial hypercholesterolemia (HoFH), as an adjunct to other lipid lowering treatments.

The use of ezetimibe/simvastatin (Vytorin®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

## Policy Description

**Ezetimibe/simvastatin (Vytorin®)** is a combination of two drugs, a cholesterol absorption inhibitor (ezetimibe) and an HMG-CoA reductase inhibitor (simvastatin). Ezetimibe reduces blood cholesterol by inhibiting

absorption of cholesterol by the small intestine, leading to a decrease in the delivery of intestinal cholesterol to the liver. This mechanism is complementary to that of the HMG-CoA reductase inhibitors.

## Policy Guideline Inclusion

**Ezetimibe/simvastatin (Vytorin®)** is approved when **all** of the following inclusion criteria are met:

- Documentation of a trial and failure or contraindication/intolerance/allergy to **one** of the following agents:
  - Lovastatin-containing product
  - Pravastatin-containing product
  - Simvastatin-containing product
- Documentation of a trial and failure or contraindication/intolerance/allergy to rosuvastatin calcium (Crestor®)

## Policy Guideline Exclusion

**Ezetimibe/simvastatin (Vytorin®)** is denied when **any** of the following exclusion criteria are present:

- No documentation of a trial and failure or contraindication/intolerance/allergy to **one** of the following agents:
  - Lovastatin-containing product
  - Pravastatin-containing product
  - Simvastatin-containing product
- No documentation of a trial and failure or contraindication/intolerance/allergy to rosuvastatin calcium (Crestor®)

## Policy List of Applicable Drugs

Brand Name	Generic Name
Vytorin	ezetimibe/simvastatin

## Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

## Policy References

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## Policy Link to Related Policies

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