Policies Repository

AmeriHealth.

Policy Title	Ezetimibe/simvastatin (Vytorin®)
Policy Number	FS.CLIN.56

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This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

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 lipidlowering 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 minimum 30-day 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 minimum 30-day 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 minimum 30-day 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 minimum 30-day trial and failure or contraindication/intolerance/allergy to rosuvastatin calcium (Crestor®)

Policy List of Applicable Drugs

Brand Name	Generic Name
Vytrorin	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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