Policies Repository

Independence Blue Cross

Policy Title	Rosuvastatin calcium (Crestor®)
Policy Number	FS.CLIN.48

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.

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

Rosuvastatin (Crestor®) is indicated for the treatment of primary hyperlipidemia and mixed dyslipidemia as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, nonHDL-C, and TG levels and to increase HDL-C.

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

Policy Description

Rosuvastatin calcium (Crestor®), a HMG-CoA reductase inhibitor, inhibits the rate-limiting enzyme in de novo cholesterol synthesis. HMG-CoA reductase inhibitors are frequently used to reduce the levels of plasma total cholesterol and low-density lipoprotein (LDL) cholesterol in individuals with hypercholesterolemia. It is believed that HMG-CoA reductase inhibitors lower cholesterol levels by reducing the production of mevalonic acid, which results in the following:

- A reduction in hepatic cholesterol synthesis
- A compensatory increase in the expression of high-affinity LDL receptors on hepatocyte membranes
- Stimulation of LDL catabolism

Policy Guideline Inclusion

Rosuvastatin calcium (Crestor®) is approved when the following inclusion criteria is met:

- Documentation of a minimum 30-day trial and failure or contraindication/intolerance/allergy to **one** of the following agents:
  - a lovastatin-containing product
  - a pravastatin-containing product
  - a simvastatin-containing product

Policy Guideline Exclusion

Rosuvastatin calcium (Crestor®) is denied when the following exclusion criteria is present:

- No documentation of a minimum 30-day trial and failure or contraindication/intolerance/allergy to **one** of the following agents:
  - a lovastatin-containing product
  - a pravastatin-containing product
  - a simvastatin-containing product

Policy List of Applicable Drugs

Brand Name	Generic Name
Crestor	rosuvastatin

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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