Title: Ezetimibe/simvastatin (Vytorin®)

Policy #: Rx.01.34

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 restrictions. 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. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. 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.

**Intent:**

Ezetimibe/simvastatin (Vytorin®) is indicated for the treatment of homozygous familial hypercholesterolemia and primary hyperlipidemia.

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

**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:**

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

- Documentation of non-compliance with simvastatin and ezetimibe (Zetia)

**Guidelines:**

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

**BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/Investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**


**Applicable Drugs:**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Vytorin</td>
<td>ezetimibe/simvastatin</td>
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**Cross References:**
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