### Policy Title
Rosuvastatin calcium (Crestor®)

### Policy Number
FS.CLIN.69

### Application of Pharmacy Policy

*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 criterion is met:

- Documentation of a 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 criterion is present:

- No documentation of a 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

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestor</td>
<td>rosuvastatin</td>
</tr>
</tbody>
</table>

### Dosing and Administration

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

### Policy References


Policy Link to Related Policies

Printed 10/13/2010 09:35:40

The Policy Bulletins on this web site were developed to assist Independence Blue Cross and its subsidiaries ("IBC") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an IBC member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. IBC does not provide health care
services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of IBC. If you have a specific medical condition, please consult with your doctor. IBC reserves the right at any time to change or update its Policy Bulletins. © 2008 Independence Blue Cross. All Rights Reserved. Current Procedural Terminology © 2008 American Medical Association. All Rights Reserved.