Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Ezetimibe and Rosuvastatin (Roszet)

Notes:

- Quantity Limits: Yes
- Ezetimibe and rosuvastatin as are both available separately as generic drugs

<u>Initiation (new start) criteria</u>: Non-formulary **ezetimibe and rosuvastatin (Roszet)** will be covered on the prescription drug benefit when the following criteria are met:

- Clinical ASCVD (e.g. ACS, MI, stable or unstable angina, stroke, coronary or arterial revascularization, symptomatic PAD presumed of atherosclerotic origin) – OR – familiar heterozygous or homozygous hypercholesterolemia
- Has adequate LDL reduction with a trial of rosuvastatin and ezetimibe as 2 separate agents used at the same time
- Documentation has been provided for the reason why the combination is clinically necessary and not for convenience
- History of failure, contraindication, or intolerance to generic ezetimibe/simvastatin combination

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>: Non-formulary ezetimibe and rosuvastatin (Roszet) will be covered on the prescription drug benefit when the following criteria are met:

- Clinical ASCVD (e.g. ACS, MI, stable or unstable angina, stroke, coronary or arterial revascularization, symptomatic PAD presumed of atherosclerotic origin) – OR – familiar heterozygous or homozygous hypercholesterolemia
- Documentation has been provided for the reason why the combination is clinically necessary and not for convenience
- History of failure, contraindication, or intolerance to generic ezetimibe/simvastatin combination

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Revised: 08/12/21 Effective: 10/21/21 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest

