

lovastatin ER tablet (ALTOPREV)

Diagnoses Considered for Coverage:

- Hypercholesterolemia
- Coronary artery disease
- Cardiovascular disease prevention in patients with multiple risk factors

Coverage Criteria:

1. For treatment of hypercholesterolemia (high cholesterol) approve if:

- Inadequate response, intolerable side effect, or contraindication to generic statins (e.g., atorvastatin, pravastatin, simvastatin, etc.), **and**
- Intolerance to lovastatin that is not also expected with Altoprev (lovastatin ER), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/02/2023