BlueCross BlueShield
Federal Employee Program

CHOLESTYRAMINE POWDER

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Primary hypercholesterolemia (elevated LDL cholesterol)
    a. Inadequate treatment response to **ALL** of the following:
        i. Diet and exercise
        ii. High intensity HMG-CoA reductase
        iii. Zetia

2. Pruritus associated with partial biliary obstruction
    a. Inadequate treatment response to **ALL** of the following:
        i. Colestipol
        ii. Rifampin
        iii. Opioid antagonist
        iv. Sertraline

AND ALL of the following:

a. Inadequate treatment response to the commercially available product
b. The concentration of the final product doesn't exceed the maximum recommended daily dose of 24 grams of anhydrous cholestyramine resin
c. **NO** history of complete biliary obstruction

Prior - Approval Limits

Duration 6 months

* PA is only applicable to cholestyramine bulk powder. All other formulations are excluded from this policy

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Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above