

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Rosuvastatin

INITIATION – cardiovascular disease risk

Prerequisites (tick boxes where appropriate)

Patient is considered to be at risk of cardiovascular disease

and

Patient is Māori or any Pacific ethnicity

or

Patient has a calculated risk of cardiovascular disease of at least 15% over 5 years

and

LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin

INITIATION – familial hypercholesterolemia

Prerequisites (tick boxes where appropriate)

Patient has familial hypercholesterolemia (defined as a Dutch Lipid Criteria score greater than or equal to 6)

and

LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin

INITIATION – established cardiovascular disease

Prerequisites (tick boxes where appropriate)

Patient has proven coronary artery disease (CAD)

or

Patient has proven peripheral artery disease (PAD)

or

Patient has experienced an ischaemic stroke

and

LDL cholesterol has not reduced to less than 1.4 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin

INITIATION – recurrent major cardiovascular events

Prerequisites (tick boxes where appropriate)

Patient has experienced a recurrent major cardiovascular event (defined as myocardial infarction, ischaemic stroke, coronary revascularisation, hospitalisation for unstable angina) in the last 2 years

and

LDL cholesterol has not reduced to less than 1.0 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin

I confirm that the above details are correct:

Signed: Date: