

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: