

STATINS and LIPID LOWERING AGENTS PA SUMMARY

PREFERRED	Crestor, Lescol/Lescol XL, Lovastatin, Pravastatin, Simcor, Simvastatin
NON-PREFERRED	Advicor, Altoprev, Amlodipine/Atorvastatin (generic Caduet), Atorvastatin, Caduet, Juvisync, Lipitor, Livalo, Mevacor, Niacor, Pravachol, Vytorin, Zetia, Zocor

LENGTH OF AUTHORIZATION: 1 Year

NOTE: PA criteria for Juvisync are listed in the DPP-4 Inhibitor PA criteria. Niacor has separate PA criteria. If atorvastatin is approved, the PA will be issued for brand-name Lipitor. If amlodipine/atorvastatin is approved, the PA will be issued for brand-name Caduet.

PA CRITERIA:

For Simvastatin 80mg:

- ❖ Does not require a PA for patients who have claims history for simvastatin 80mg for at least 12 months.
- ❖ If claims history not available, approvable to members who have been taking simvastatin 80mg for at least 12 months without evidence of muscle toxicity.

For Advicor:

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (Niaspan and generic lovastatin as two separate prescriptions or Simcor) are not appropriate for the member.

For Altoprev:

- ❖ Submit a written letter of medical necessity stating the reason(s) that all of the preferred products, including generic lovastatin immediate-release, are not appropriate for the member.

For Caduet (brand or generic):

- ❖ Approvable for new members to Medicaid who have already been started and stabilized on this medication. Providers must fax supporting documentation;

OR

- ❖ Member must have used Lipitor and Norvasc within the past 12 months.

For Crestor:

- ❖ Must have failed to reach LDL goal after a 60-day trial of simvastatin/Zocor, Simcor, Lipitor, or Vytorin within the last 12 months (submit documentation of pre- and post-therapy LDL levels);

OR

- ❖ Member has established coronary artery disease and other major risk factors;

OR

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to simvastatin (Zocor).

For Lipitor (brand or generic) or Livalo

- ❖ Member with established coronary artery disease and major risk factors must have failed to reach LDL goal after a 60-day trial of Crestor within the last 12 months (submit documentation of pre- and post-therapy LDL levels);

OR

- ❖ Member without evidence of established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of both simvastatin (Zocor) and Crestor within the last 12 months (submit documentation of pre- and post-therapy LDL levels);

OR

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Crestor (*AND* simvastatin for some patients).

For Vytorin

- ❖ For Vytorin 10/80mg, member must have been taking the medication for at least 12 months without evidence of muscle toxicity.
- ❖ For other strengths of Vytorin, member must have failed to reach LDL goal after separate 60-day trials of both simvastatin (Zocor) and Crestor within the last 12 months (submit documentation of pre- and post-therapy LDL levels);

OR

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Crestor (when member has failed to reach LDL goal with simvastatin).

For Zetia

- ❖ Member with established coronary artery disease and major risk factors must have failed to reach LDL goal after a 60-day trial of Crestor within the last 12 months (submit documentation of pre- and post-therapy LDL levels);

OR

- ❖ Submit documentation of a contraindication to statin drugs.
- ❖ Member without established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of both simvastatin (Zocor) and Crestor within the last 12 months (submit documentation of pre- and post-therapy LDL levels);

OR

- ❖ Submit documentation of a contraindication to statin drugs.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.

- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.

ADDITIONAL FORMS AVAILABLE:

- ❖ [Statin Appeal Form](#)