

## STATINS and LIPID LOWERING AGENTS PA SUMMARY

<b>PREFERRED</b>	All generics, Crestor, Lescol/Lescol XL, lovastatin, pravastatin, Simcor, simvastatin
<b>NON-PREFERRED</b>	All brands with generics available, Advicor, Altoprev, Caduet, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zetia, Zocor

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

**For Simvastatin 80mg**

- ❖ Does not require PA for patients who have claims history for simvastatin 80mg for at least 12 months.
- ❖ If claims history not available, approvable for 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 letter of medical necessity stating the reason(s) that all of the preferred products are not appropriate for the member.

**For Caduet**

- ❖ 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 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 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 must have failed to reach LDL goal after a 60-day trial of 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 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](http://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 Limits please go to [www.mmis.georgia.gov/portal](http://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](#)