



**GEORGIA MEDICAID FEE-FOR-SERVICE  
STATINS and LIPID LOWERING AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Atorvastatin generic Lescol (fluvastatin) Lescol XL (fluvastatin extended-release) Lovastatin generic Pravastatin generic Simcor (niacin extended-release/simvastatin) Simvastatin generic Vytorin (ezetimibe/simvastatin)	Advicor (niacin extended-release/lovastatin) Altoprev (lovastatin extended-release) Amlodipine/atorvastatin generic Crestor (rosuvastatin) Fluvastatin generic Fluvastatin extended-release generic Liptruzet (ezetimibe/atorvastatin) Livalo (pitavastatin) Zetia (ezetimibe)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** Simvastatin 80 mg generic and Vytorin 10/80 mg require prior authorization for new starts.

**PA CRITERIA:**

*Simvastatin 80 mg Generic and Vytorin 10/80 mg*

- ❖ Does not require a PA for patients who have claims history for simvastatin 80 mg or Vytorin 10/80 mg for at least 12 months.
- ❖ If claims history not available, approvable for members who have been taking simvastatin 80 mg or Vytorin 10/80 mg for at least 12 months without evidence of muscle toxicity.

*Advicor*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic niacin extended-release and generic lovastatin as two separate prescriptions AND Simcor, are not appropriate for the member.

*Altoprev*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons that all of the preferred products, including generic lovastatin immediate-release, are not appropriate for the member.

*Amlodipine/Atorvastatin Generic*

- ❖ Approvable for members that have used amlodipine and atorvastatin within the past 12 months.

*Crestor*

- ❖ Members with established coronary artery disease and major risk factors must have failed to reach LDL goal after a 60-day trial of atorvastatin within the last 12 months

*OR*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions or intolerable side effects to atorvastatin.



*OR*

- ❖ Members without evidence of established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of atorvastatin AND a simvastatin-containing medication within the last 12 months

*OR*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions or intolerable side effects to atorvastatin AND simvastatin.

*Fluvastatin Generic and Fluvastatin Extended-Release Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Lescol AND Lescol XL, are not appropriate for the member.

*Liptruzet*

- ❖ Members with established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of Crestor AND atorvastatin 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 atorvastatin, simvastatin AND Crestor within the last 12 months (submit documentation of pre- and post-therapy LDL levels)

*AND*

- ❖ Prescriber must submit a letter of medical necessity stating the reasons atorvastatin and Zetia as separate prescriptions are not appropriate for the member.

*Livalo*

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

*OR*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions or intolerable side effects to Crestor AND atorvastatin.

*OR*

- ❖ Members without evidence of established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of atorvastatin, simvastatin 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 intolerable side effects to atorvastatin, simvastatin AND Crestor.

*Zetia*

- ❖ Members with established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of Crestor AND



atorvastatin 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 atorvastatin, simvastatin 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 **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), 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 and select that manual.

**ADDITIONAL FORMS AVAILABLE:**

- ❖ [Statin Appeal Form](#)