STATINS and LIPID LOWERING AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Atorvastatin, Lescol/Lescol XL, Lovastatin, Pravastatin, Simcor, Simvastatin</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Advicor, Altoprev, Amlodipine/Atorvastatin (generic Caduet), Caduet, Crestor, Fluvastatin (generic immediate-release), Juvisync, Livalo, Niacor, Vytorin, Zetia,</td>
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</tbody>
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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 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 atorvastatin (Lipitor) and Norvasc within the past 12 months.

For Crestor:
- Member with established coronary artery disease and major risk factors must have failed to reach LDL goal after a 60-day trial of atorvastatin (Lipitor) within the last 12 months;
  
  OR
  
  - Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to atorvastatin (Lipitor).
  
  OR

Revised 3/7/2013
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 (Lipitor) and a simvastatin-containing medication within the last 12 months;

**OR**

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

**For Fluvastatin (generic immediate-release)**

Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, brand-name Lescol or Lescol XL, is not appropriate for the member.

**For Livalo**

Member with established coronary artery disease and major risk factors must have failed to reach LDL goal after a separate 60-day trial of Crestor and atorvastatin (Lipitor) 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 (Lipitor), 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 atorvastatin (Lipitor) (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 simvastatin (Zocor), atorvastatin (Lipitor), 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 atorvastatin (Lipitor) and 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 separate 60-day trials of Crestor and atorvastatin (Lipitor) 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 evidence of established coronary artery disease and major risk factors must have failed to reach LDL goal after separate 60-day trials of atorvastatin (Lipitor), 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 Catamaran 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: