GEORGIA MEDICAID FEE-FOR-SERVICE
LIPOTROPICS, STATINS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tr>
<td>Atorvastatin generic</td>
<td>Altoprev (lovastatin extended-release)</td>
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<tr>
<td>Lovastatin generic</td>
<td>Amlodipine/atorvastatin generic</td>
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<tr>
<td>Pravastatin generic</td>
<td>Ezallor Sprinkle (rosuvastatin capsules)</td>
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<tr>
<td>Rosuvastatin tablets generic</td>
<td>Fluvastatin immediate-release generic</td>
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<td>Simvastatin generic</td>
<td>Fluvastatin extended-release generic</td>
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<tr>
<td>Vytorin (ezetimibe/simvastatin)</td>
<td>Livalo (pitavastatin calcium)</td>
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<td></td>
<td>Zypitamag (pitavastatin magnesium)</td>
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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.
- 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.

*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 who have been taking amlodipine and atorvastatin within the past 12 months.

*Ezallor Sprinkle*

- Approvable for members who are unable to swallow solid oral dosage forms (i.e., capsules, tablets) and the dosage is unable to be administered by crushing rosuvastatin tablets.

*Fluvastatin Immediate-Release Generic and Fluvastatin Extended-Release Generic*

- Approvable for members who have failed to reach LDL goal after separate 60-day trials of at least two of the following preferred products: atorvastatin, rosuvastatin, lovastatin, pravastatin and simvastatin within the last 12 months or have allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: atorvastatin, rosuvastatin, lovastatin, pravastatin and simvastatin.
- In addition for fluvastatin extended-release, prescriber must submit a written letter of medical necessity stating the reasons generic fluvastatin immediate-release is not appropriate for the member.
**Livalo and Zypitamag**

❖ Approvable for members with established coronary artery disease and major risk factors who have failed to reach LDL goal after separate 60-day trials of atorvastatin and rosuvastatin within the last 12 months or have allergies, contraindications, drug-drug interactions or intolerable side effects to atorvastatin and rosuvastatin.

❖ Approvable for members without evidence of established coronary artery disease and major risk factors who have failed to reach LDL goal after separate 60-day trials of atorvastatin, simvastatin and rosuvastatin within the last 12 months or have allergies, contraindications, drug-drug interactions or intolerable side effects to atorvastatin, simvastatin and rosuvastatin.

**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](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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.

**ADDITIONAL FORMS AVAILABLE:**

- [Statin Appeal Form](#)