



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

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

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>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.

ADDITIONAL FORMS AVAILABLE:

- [Statin Appeal Form](#)