

STATINS and LIPID LOWERING AGENTS PA SUMMARY

PREFERRED	All generics, Advicor, Lescol/Lescol XL, lovastatin, pravastatin, simvastatin
PREFERRED WITH PA	Crestor
NON-PREFERRED	All brands with generics available, Altocor/Altoprev, Caduet, Mevacor, Lipitor, Pravachol, Vytorin, Zetia, Zocor

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Crestor is a preferred agent that requires prior authorization.

PA CRITERIA:

For Lipitor, Vytorin, and Zetia:

- ❖ Member must have initiated therapy with both simvastatin (Zocor) and Crestor within the last 12 months.

OR

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

For Pravachol:

- ❖ Approvable for members currently under treatment with antiretrovirals or protease inhibitors who have either experienced adverse effects or treatment failure with Lescol/Lescol XL or who are currently taking Dilantin.

OR

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to all preferred products.

For Altocor/Altoprev:

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to all preferred agents.

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:

- ❖ Member must have tried Simvastatin (Zocor).

OR

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

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.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.

ADDITIONAL FORMS AVAILABLE:

- ❖ [Statin Appeal Form](#)