

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Non-Preferred Statins

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comment
Atorvastatin (generic Lipitor)	Preferred
Lovastatin (generic Mevacor)	
Pravastatin (generic Pravachol)	
Simvastatin (generic Zocor)	
Advicor (lovastatin/niacin XR)	Non-Preferred
Altoprev (lovastatin XR)	
Crestor (rosuvastatin)	
FloLipid (simvastatin)	
Fluvastatin (generic Lescol)	
Fluvastatin ER (generic Lescol XL)	
Lescol (fluvastatin)	
Lescol XL (fluvastatin XL)	
Lipitor (atorvastatin)	
Livalo (pitavastatin)	
Mevacor (lovastatin)	
Pravachol (Pravastatin)	
Rosuvastatin (generic Crestor)	
Simcor (simvastatin/niacin XR)	
Zocor (simvastatin)	
Zypitamag (pitavastatin)	

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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## **APPROVAL CRITERIA**

Requests for a non-preferred statin/statin combination agent may be approved when the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of two preferred statins and did not achieve LDL cholesterol goal.

Preferred agents: atorvastatin, lovastatin, pravastatin, simvastatin.

Non-preferred agents: Altoprev, Advicor<sup>†</sup>, rosuvastatin (Crestor) – brand and generic, FloLipid, fluvastatin/ER (Lescol/XL) – brand and generic, Lipitor – brand, Livalo, Mevacor – brand, Pravachol – brand, Simcor<sup>†</sup>, Zocor – brand, Zypitamag.

### **OR**

- II. The individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of one preferred statin drug and the individual experienced **ONE** of the following:

- A. Diagnosis of rhabdomyolysis
- B. Elevated CK levels deemed clinically significant by the provider  
Note: A CK level of 3x the upper normal limits (UNL)
  - Normal CK: < 200 IU/L
- C. Elevated LFT levels deemed clinically significant by the provider  
Note: LFTs = ALT or AST levels of 3x the upper normal limits (UNL).
  - Normal ALT (SGPT): < 35 IU/L
  - Normal AST (SGOT): < 35 IU/L

### **OR**

- III. Individual is currently on a product that interacts with all the preferred agents.

- IV. Requests for a product containing simvastatin 80mg may be approved if the following criteria are met:

- A. For Zocor 80mg brand, in addition to I. or II. or III. above, the individual must also meet the following criteria:
  1. Individual has been on a product containing simvastatin 80 mg for 12 months or more without evidence of muscle toxicity; **OR**
  2. Individual is requesting 80 mg tablets in a quantity consistent with a total daily simvastatin dose of 40mg (example, quantity of 15 for a 30 day supply).
- B. For simvastatin 80mg generic, the individual must meet the following criteria:

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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1. Individual has been on a product containing simvastatin 80 mg for 12 months or more without evidence of muscle toxicity; OR
2. Individual is requesting 80 mg tablets in a quantity consistent with a total daily simvastatin dose of 40mg (example, quantity of 15 for a 30 day supply).

**NOTE:** If the individual experiences elevated CK or LFTs, they should return to the individual's baseline or a level deemed appropriate by the provider prior to initiation of therapy with another statin/statin combination. If the individual had a diagnosis of rhabdomyolysis, clinical symptoms (such as myalgia, generalized weakness, and hemoglobinuria) and CK levels should return to the individual's baseline or a level deemed appropriate by the provider prior to initiation of therapy with another statin/statin combination.

†Advicor and Simcor were discontinued by the manufacturer as of 12-2015. They will remain in the edit as claims can adjudicate up to 3 years after discontinuation.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 12, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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