

Quick Reference Drug List:

Cholesterol Lowering Agents/Dyslipidemics



Peach State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. **Generic products are preferred.**

Prior Authorizations should be sent to **Envolve Pharmacy Solutions:**

Prior Authorization Phone: 866-399-0928

Prior Authorization Fax: 877-386-4695

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
HMG CoA Reductase Inhibitors				
Altoprev [®]	ER lovastatin	ER Tabs: 20mg, 40mg, 60mg	No	PA Required
Crestor [®]	Rosuvastatin	Tabs: 5mg, 10mg, 20mg, 40mg	Yes	ST; Use atorvastatin, simvastatin, pravastatin, lovastatin; QL=1 per day
Lesco [®] Lescol XL [®]	Fluvastatin	Caps: 20mg, 40mg ER Tab: 80mg	No	PA Required
Lipitor [®]	Atorvastatin	Tabs: 10mg, 20mg, 40mg, 80mg	Yes	QL: 1 per day
Livalo [®]	Pitavastatin	Tabs: 1mg, 2mg, 4mg	No	PA Required
Mevacor [®]	Lovastatin	Tabs: 10mg, 20mg, 40mg	Yes	QL: 1 per day(10mg, 20mg) and 2 per day (40mg)
Pravachol [®]	Pravastatin	Tabs: 10mg, 20mg, 40mg, 80mg	Yes	QL: 1 per day
Zocor [®]	Simvastatin	Tabs: 5mg, 10mg, 20mg, 40mg, 80mg Susp: 20mg/5ml, 40mg/5ml	Yes (tabs only)	QL: 1 per day
Fibric Acid Derivatives				
Antara [®]	Fenofibrate micronized	Caps: 30mg, 90mg	No	PA Required
Fenoglide [®]	Fenofibrate	Tabs: 40mg, 120mg	No	PA Required
Fibricor [®]	Fenofibric acid	Tabs: 35mg, 105mg	No	PA Required
Lofibra [®]	Fenofibrate	Tabs: 54mg, 160mg	Yes	QL: 1 per day (160 mg) 3 per day (54mg)
Lofibra [®]	Fenofibrate	Micronized Caps: 67mg, 134mg, 200mg	Yes	QL: 1 per day (134mg, 200mg) and 2 per day (67mg)
Lipofen [®]	Fenofibrate	Caps: 50mg, 150mg	No	PA Required
Lopid [®]	Gemfibrozil	Tabs: 600mg	Yes	QL: 2 per day
Tricor [®]	Fenofibrate	Tabs: 48mg, 145mg	No	PA Required

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Triglide®	Fenofibrate	Tabs: 160mg	Yes	QL: 1 per day
Trilipix®	Fenofibric acid	DR Caps: 45mg, 135mg	No	PA Required
Bile Acid Sequestrants				
Colestid®	Colestipol Hydrochloride	Granules for Susp: 5gm Packet: 5gm Tabs: 1gm	Yes	None
Questran®, Questran Light® Prevalite®	Cholestyramine, Cholestyramine Light	Powder for oral susp: Cholestyramine Resin 4gm per/dose powder Light: 4gm/dose powder	Yes	None
Welchol®	Colesevelam HCL	Tabs: 625mg Powder for susp: 3.75g packets	No	PA Required
Nicotinic Acid Derivatives				
Niacin	Niacin generic Niacin immediate-release OTC	Powder: 100g, 500g, 1000g Tabs: 50mg, 100mg, 250mg, 500mg tabs	Yes	None
Niacin	Niacin generic Niacin extended-release OTC	ER Caps: 250mg, 500mg CR Tabs: 500mg, 750mg, 1000mg	Yes	None
Niacor®	Niacin immediate- release	Tabs: 500mg	Yes	None
Niaspan®	Niacin extended-release	ER Tabs: 500mg, 750mg, 1000mg	Yes	None
Slo-Niacin®	Controlled-release niacin OTC	CR Tabs: 250mg, 500mg, 750mg	Yes	None
Antihyperlipidemic Agents				
Juxtapid®	Lomitapide	Caps: 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	No	PA Required
Kynamro®	Mipomersen	Inj: 200mg/ml	No	PA Required
Nexlizet	Bempedoic Acid/Ezetimibe	Tabs: 180mg/10mg	NO	PA Required
Zetia®	Ezetimibe	Tabs: 10mg	Yes	ST: Try preferred statin first
Omega-3-Fatty Acids				
Dialyvit Omega- 3 Concentrate®	Omega-3 Fatty Acids (concentrate)	Caps: 600mg	No	PA Required
Lovaza®	Omega -3- Acid ethyl esters	Caps: 1gm	No	PA Required
Sea-Omega 50® KP Fish oil®	Omega-3 Caps (Omega-3 acid ethyl ester) – OTC	Caps: 1000mg, 1200mg	Yes	QL: 6 per day (for both products)
Vascepa®	Icosapent Ethyl EPA Ethyl Ester	Caps: 0.5gm, 1gm	No	PA Required
Combination Agents				

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Caduet®	Amlodipine/Atorvastatin	Tabs: 5mg/10mg, 5mg/20mg, 5mg/40mg, 5mg/80mg, 10mg/10mg, 10mg/20mg, 10mg/40, 10mg/80mg	No	PA Required
Vytorin®	Ezetimibe/Simvastatin	Tabs: 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	Yes	ST: QL: 1 per day, Try preferred statin or ezetimibe first
Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors (PCSK9)				
Praluent®	Alirocumab	Pen: 75mg/ml, 150mg/ml	No	PA Required
Repatha®	Evolocumab	Inj: 140mg/ml	No	PA Required
Repatha Pushtronex System®	Evolocumab	Inj Cartridge: 420mg/3.5ml	No	PA Required
Repatha SureClick®	Evolocumab	Auto Inj: 140mg/ml	No	PA Required

AL=Age Limits, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, GL=Gender Limit, GM=Gram IM=Intramuscular, Inh=Inhaler, Inj=Injection, LA= Long-Acting, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, S= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TR=timed Release, XL= Extended Release, XR=Extended Release

For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at www.pshp.com

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