

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 **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

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 or simvastatin; 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 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: 3 per day (54mg) QL: 1 per day (160mg)
Lofibra®	Fenofibrate Micronized	Micronized Caps: 67mg, 134mg, 200mg	Yes	QL: 2 per day (67mg) QL: 1 per day (134mg & 200mg)
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

Quick Reference Drug List:

Cholesterol Lowering Agents/Dyslipidemics

Prior Authorizations should be sent to **Pharmacy Services**:

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Triglide®	Fenofibrate	Tabs: 160mg	Yes	QL: 1 per day
Trilipix®	Fenofibric acid	DR Caps: 45mg, 135mg	No	PA Required
Angiotensin-like Protein Inhibitors				
Evkeeza®	Evinacumab-dgnb	345mg/2.3mL, 1200mg/8mL	Yes	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
Omega-3-Fatty Acids				
Lovaza®	Omega -3- Acid ethyl esters	Caps: 1gm	No	PA Required
Omega-3 fatty acids	Omega-3 fatty acids	Caps and DR Caps: Multiples	Yes	QL: 6 per day

Quick Reference Drug List:

Cholesterol Lowering Agents/Dyslipidemics

Prior Authorizations should be sent to **Pharmacy Services**:

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Vascepa®	Icosapent Ethyl EPA Ethy Ester	Caps: 0.5gm, 1gm	No	PA Required
Combination Agents				
Caduet®	Amlodipine/Atorvastatin	Tabs: 5mg/10mg, 5mg/20mg, 5mg/40mg, 5mg/80mg, 10mg/10mg, 10mg/20mg, 10mg/40, 10mg/80mg	No	PA Required
Roszet®	Rosuvastatin/Ezetimibe	Tabs: 5mg/10mg, 10mg/10mg, 20mg/10mg, 40mg/10mg	No	PA Required
Vytorin®	Ezetimibe/Simvastatin	Tabs: 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	Yes	ST: QL: 1 per day
Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors (PCSK9)				
Praluent®	Alirocumab	Pen: 75mg/ml, 150mg/ml	Yes	PA Required
Repatha®	Evolocumab	Inj: 140mg/ml	Yes	PA Required
Repatha Pushtronex System®	Evolocumab	Inj Cartridge: 420mg/3.5ml	Yes	PA Required
Repatha SureClick®	Evolocumab	Auto Inj: 140mg/ml	Yes	PA Required
Leqvio	Inclisiran	Prefill Syringes: 284mg/1.5mL	Yes	PA Required
Adenosine Triphosphate-Citrate Lyase Inhibitor				
Nexletol®	Bempedoic Acid	Tabs:180mg	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