



Statin Cholesterol Lowering Drug Program Description

ConnectiCare has a step therapy protocol on certain cholesterol lowering medications. As consumers of medical care, people are not always aware of the various options which are available. Comparative information on medicine choices may not be easy to find or understand. Also, many people feel uncomfortable asking their doctors about alternatives when he or she is writing your prescription. In today's world of equally effective generic medications, consumers should always be asking their doctor about generic alternatives when their doctor "takes out the pen" to write the prescription.

- **Efficacy, cost and safety** are the items to consider when choosing a cholesterol medication.
- **Efficacy:** The primary purpose of cholesterol treatment is to reduce your LDL "bad" cholesterol. Simvastatin (Zocor) is a higher potency statin, like Lipitor, and most people will be able to reach their LDL goal with simvastatin (Zocor). For most members on brand name statin drugs, simvastatin 20mg or 40mg should meet your LDL goal requirements.
- **Cost:** Simvastatin (Zocor) currently takes the lowest copayment, Tier 1. You can save up to \$300 per year in out of pocket copayment costs if you are currently using a Tier 3 branded agent. (See your benefit summary for your specific copayment amounts and deductible if applicable.)
- **Safety:** Simvastatin (Zocor) and all statins including Crestor and Lipitor are among the most widely prescribed and studied drugs in recent history. If you and your doctor decide to switch medication, your doctor may ask you to have your LDL and liver function tested, which you may already be doing on your current medication.

Below, please see the current prior authorization criteria for coverage of statin cholesterol lowering drugs.

Altprev, Caduet, and Lescol/XL are covered only if there are:

1) Treatment failure (LDL-C goal not attained) of a 90 day trial of simvastatin, lovastatin, or pravastatin

OR

2) Documented intolerance to simvastatin, lovastatin, or pravastatin

AND

3) A physician chart note documenting intolerance to, or treatment failure lovastatin, simvastatin, or pravastatin (if the claim(s) can not be seen in your prescription history).

Please also see the Statin Q&A and coverage chart for additional information.

Livalo and Vytorin are covered only if the following prior authorization criteria is met:

1) Documented intolerance to, or treatment failure (LDL-C goal not attained) of a 90 day trial of simvastatin (Zocor), pravastatin or lovastatin

AND

2) Documented intolerance to, or treatment failure of Crestor **OR** Lipitor

Note:

A copy of the physician chart note documenting the intolerance or treatment failure of these agents must be supplied for review if the claim(s) can not be found in the prescription profile

Plan Limitations:

1. If the prescription history reflects a period of time greater than 150 days between fills, the patient will be considered a “new start” to therapy, therefore subject to the above step therapy protocol.
2. If the above criteria are met approval may be granted for up to one year
3. A quantity limit of 1 tablet per day is allowed