Statins (HMG-CoA Reductase Inhibitors) and Combination Products

Effective 06/16/2004
Revised 01/09/2020

Preferred Agents

- Atorvastatin
- Lovastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Non-Preferred Agents

- Altoprev®
- Amlodipine/Atorvastatin
- Caduet®
- Crestor®
- Ezallor™ Sprinkle
- Ezetimibe
- Ezetimibe/Simvastatin
- FloLipid
- Fluvastatin
- Fluvastatin ER
- Lescol XL®
- Lipitor®
- Livalo®
- Pravachol®
- Vytorin®
- Zetia®
- Zocor®
- Zypitamag™

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents OR
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030