



SoonerCare Fax Blast

August 6, 2010

Subject: **Low Doses of Crestor® and Lipitor® to Require Prior Authorization**

In order to minimize the impact of state budget cuts on SoonerCare providers and members, we are requesting your assistance in promoting cost effective utilization of cholesterol medications, specifically the class of statins. Clinical trials have demonstrated differing cholesterol lowering capacities among the various agents at different doses. As reflected in the table below, similar LDL cholesterol reduction can be achieved with simvastatin and pravastatin as with lower doses of atorvastatin and rosuvastatin.

<i>% LDL Reduction</i>	<i>Pravastatin (Pravachol®)</i>	<i>Simvastatin (Zocor®)</i>	<i>Atorvastatin (Lipitor®)</i>	<i>Rosuvastatin (Crestor®)</i>
25-32 %	20mg	10mg		
31-39 %	40mg	20mg	10mg	
37-45 %	80mg	40mg	20mg	5mg
48-52 %		80mg	40mg	10mg
55-60 %			80mg	20mg
60-63 %				40mg

(Data compiled from product package labels.)

Effective August 25, prescriptions for Lipitor® 10mg and 20mg, or Crestor® 5mg and 10mg will require prior authorization, and specific criteria must be met for continued use. Authorization criteria and prior authorization forms can be accessed at the OHCA website: www.okhca.org/providers/rx. **Simvastatin and pravastatin will continue to be available without prior authorization, and do not require a member co-pay at the pharmacy.**

Equivalent dosing of this class of medications offers the same effectiveness in LDL cholesterol lowering benefits while savings in cost is more than 10-fold when generic medications are used. Thank you for your assistance in this matter and for the services you provide to Oklahomans insured by SoonerCare.

We appreciate that you already encourage cost-effective medication usage by recommending generic medications whenever possible. For your convenience, we've included a prescription template that you can fill out and fax to prescribers. Additional copies of the template can also be downloaded from the pharmacy page on the OHCA website.

Pharmacy Help Desk Phone Numbers (405)522-6205 option 4 or (800)522-0114 option 4
Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)

Email: pharmacy@okhca.org OHCA Website: www.okhca.org

PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms

Statin Medications Available without a Prior Authorization from SoonerCare

Patient's Name: _____

Patient's DOB: _____

Date: _____

This patient's prescription for _____ has been changed to the following:

	Product Name	Size	Dosing
<input type="checkbox"/>	Simvastatin (Zocor)	<input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 40mg <input type="checkbox"/> 80mg	Take one tablet by mouth daily at bedtime.
<input type="checkbox"/>	Pravastatin (Pravachol)	<input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 40mg <input type="checkbox"/> 80mg	Take one tablet by mouth daily at bedtime.
<input type="checkbox"/>	Fluvastatin (Lescol XL)	<input type="checkbox"/> 80mg	Take one tablet by mouth daily at bedtime.
<input type="checkbox"/>	Fluvastatin (Lescol)	<input type="checkbox"/> 20mg <input type="checkbox"/> 40mg	<input type="checkbox"/> Take one tablet by mouth daily at bedtime. <input type="checkbox"/> Take one tablet by mouth twice daily.
<input type="checkbox"/>	Lovastatin (Mevacor)	<input type="checkbox"/> 10mg <input type="checkbox"/> 20mg <input type="checkbox"/> 40mg	Take one tablet by mouth daily at bedtime.

Prescriber's Signature _____ Date: _____

Prescriber's Phone: _____

Prescriber, Please Complete and Send To:

Pharmacy Name: _____

Pharmacy Fax: _____

Pharmacist, please place prescription in patient's file to be used for the next statin refill. Thank you.