

CHOLESTEROL LOWERING MEDICATION BHP MEDICAID COVERAGE



MEDICATION	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Statin			
*Atorvastatin (Lipitor®)	Tablet	10mg, 20mg, 40mg, 80mg	Covered, MDD: 1 per day
*Fluvastatin (Lescol®)	Capsule	20mg, 40mg	PA
*Fluvastatin ER (Lescol XL®)	ER tablet	80mg	PA
*Lovastatin (Mevacor®)	Tablet	10mg, 20mg 40mg	Covered, MDD: 1 per day Covered, MDD: 2 per day
Lovastatin ER (Altoprev®)	Tablet	20mg, 40mg, 60mg	PA
Pitavastatin (Livalo®)	Tablet	1mg, 2mg, 4mg	PA
*Pravastatin (Pravachol®)	Tablet	10mg, 20mg, 40mg, 80mg	Covered, MDD: 1 per day
*Rosuvastatin (Crestor®)	Tablet	5mg, 10mg, 20mg, 40mg	PA
*Simvastatin (Zocor®)	Tablet	5mg, 10mg, 20mg, 40mg, 80mg	Covered (PA for 80mg), MDD: 1 per day
Combination with Statin			
*Amlodipine/Atorvastatin (Caduet®)	Tablet	2.5/10mg, 2.5/20mg, 2.5/40mg, 5/10mg, 5/20mg, 5/40mg, 5/80mg, 10/10mg, 10/20mg, 10/40mg, 10/80mg	PA
Ezetimibe/ Simvastatin (Vytorin®)	Tablet	10/10mg, 10/20mg, 10/40mg, 10/80mg	PA
Fibrates			
*Fenofibrate (Tricor®)	Tablet	54mg 160mg 40mg, 48mg, 120mg, 145mg	Covered, MDD: 3 per day Covered, MDD: 1 per day PA
*Fenofibrate DR (Trilipix®)	Capsule	45mg, 135mg	PA
*Fenofibrate Micronized (Antara®)	Capsule	67mg 134mg, 200mg 43mg, 130mg	Covered, MDD: 2 per day Covered, MDD: 1 per day PA
*Fenofibric Acid	Tablet	35mg, 105mg	PA
*Gemfibrozil (Lopid®)	Tablet	600mg	Covered, MDD: 2 per day
Bile Acid Sequestrant			
*Cholestyramine Resin (Questran®)	Powder	4g	Covered
Colesevelam (Welchol®)	Tablet	625mg	PA
Colesevelam Packet (Welchol®)	Packets	3.75g	PA
*Colestipol (Colestid®)	Tablet	1g	Covered
*Colestipol Packets (Colestid®)	Packets	5g	PA

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continued



Miscellaneous			
*Ezetimibe (Zetia®)	Tablet	10mg	PA
*Niacin (Niacor®)	Tablet	500mg	Covered
*Niacin ER tabs (Niaspan®)	Tablet	250mg, 500mg, 750mg, 1000mg	Covered
*Niacin ER caps	Capsule	250mg, 500mg	Covered
Vascepa	Capsule	1g	PA
PCSK9 Inhibitors			
Alirocumab (Praluent®)	Pen Injector	75mg/mL, 150mg/mL	PA
Evolocumab (Repatha®)	Auto-injector	140mg/mL	PA
	Prefilled syringe	140mg/mL	PA

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

*Generic equivalent available

ABBREVIATIONS: ER = extended-release, DR = delayed-release, MDD: = max daily dose, PA = prior authorization required