

Quick Reference Drug List

Statins

US Script Contact Information: Prior Authorization Phone: 1-866-399-0928
 Prior Authorization Fax: 1-866-399-0929
 Clinical Hours: Monday – Friday
 10:00am – 8:00pm PMT



Buckeye Community Health Plan Provider Services Phone: 1-866-296-8731

Key: * = Generic product available

Please note: This document is not meant to be an all-encompassing view of either the Medicaid PDL or Medicare Formulary. It is a supplemental document meant to be used as quick reference for those providers may who find it useful.

Statins		
Drug	Dosage Form	Medicaid PDL Status
HMG CoA Reductase Inhibitors		
Atorvastatin* (Lipitor®)	Tablets: 10mg, 20mg, 40mg, 80mg	Yes
Crestor® (rosuvastatin)	Tablets: 5mg, 10mg, 20mg, 40mg	PA required
Fluvastatin* (Lescol®) Lescol XL®	Capsules: 20mg, 40mg Tablets, extended-release: 80mg	PA required
Livalo® (pitavastatin)	Tablets: 1mg, 2mg, 4mg	PA required
Lovastatin* (Mevacor®)	Tablets: 10mg, 20mg, 40mg	Yes
Altprev® (ER lovastatin)	Tablets, ER: 10mg, 20mg, 40mg, 60 mg	PA required – Altprev® and Advicor®
Advicor® (niacin/ lovastatin)	Tablets ER: 500/20, 750/20, 1000/20, 1000/40	
Pravastatin* (Pravachol®)	Tablets: 10mg, 20mg, 40mg, 80mg	Yes
Simvastatin* (Zocor®)	Tablets: 5mg, 10mg, 20mg, 40mg, 80mg	Yes – 80mg requires PA
Antihyperlipidemic Agents		
Niacin Niacin CR Slo-Niacin®	Tablet: 500mg Capsule: 250mg, 500mg Tablet, ER: 250mg, 500mg, 750mg, 1000mg	Yes Yes Yes
Niaspan® Extend Release	Tablet: 500mg, 750mg, 1000mg	PA required
Cholestyramine (Questran®)	Powder: 4GM	Yes
Welchol® (colesevelam)	Tablet: 625mg , Packet: 3.75GM	PA required
Zetia® (ezetimibe)	Tablets: 10mg	PA required
Combination Agents		
Caduet® (amlodipine/atorvastatin)	Tablet: 2.5/10, 2.5/20, 2.5/40, 5/10, 5/20, 5/40, 5/80, 10/10, 10/20, 10/40 , 10/80	PA required
Liptruzet® (ezetimibe/atorvastatin)	Tablet: 10/10, 10/20 , 10/40, 10/80	PA required

Statins

Drug	Dosage Form	Medicaid PDL Status
Juvisync® (sitagliptin/simvastatin)	50/10 , 50/20 , 50/40 , 100/10, 100/20 , 100/40	PA required
Simcor® (simvastatin/ niacin ER)	Tablets, ER: 20mg/500mg, 40mg/500mg, 20mg/750mg, 40mg/1000mg	PA required
Vytorin® (ezetimibe/ simvastatin)	Tablets: 10/10, 10/20, 10/40, 10/80	PA required