



315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
877-416-4161 (TTY/TDD)
www.careoregon.org

TO: CareOregon Providers
FROM: Medical Management Department, Pharmacy Unit
SUBJECT: Formulary Change: Simvastatin Now the Preferred Statin
DATE: REVISED 10/1/07

This letter is to inform you of the following changes to the CareOregon (Oregon Health Plan – Medicaid) Formulary.

Generic simvastatin now available for treating hyperlipidemia

- **Simvastatin** is the most cost-effective agent for patients who require up to 50% LDL-cholesterol reductions to meet their goal.
- **Beginning Aug. 1, 2007, Lipitor is not covered for new prescriptions**, except for patients who are taking HIV antiretrovirals or warfarin.
- **Members taking Lipitor before Aug. 1 have been grandfathered until Feb. 4, 2008.**
- **Beginning Feb. 4, 2008, prior authorization will be required for all members who were previously grandfathered, except those who are taking one or more of the following drugs: Lipitor 80 mg and/or HIV antiretrovirals and/or warfarin.** We will approve prior authorization for patients who cannot achieve LDL goal with maximum doses of simvastatin or who cannot take formulary statins due to clinically significant drug interactions or adverse effects.

If you have any questions, please call Member Services at 503 416-4100.

Lipitor – Simvastatin Comparison

| Current Lipitor daily dose | Approximate equivalent Simvastatin daily dose | Savings Per Month |
|----------------------------|---|-------------------|
| Lipitor 10 mg ½ tab | Simvastatin 10 mg tab | \$32.29 |
| Lipitor 10 mg tab | Simvastatin 20 mg tab | \$68.30 |
| Lipitor 20 mg ½ tab | Simvastatin 20 mg tab | \$46.12 |
| Lipitor 20 mg tab | Simvastatin 40 mg tab | \$101.15 |
| Lipitor 40 mg ½ tab | Simvastatin 40 mg tab | \$45.97 |
| Lipitor 40 mg tab | Simvastatin 80 mg tab | \$100.63 |
| Lipitor 80 mg ½ tab | Simvastatin 80 mg tab | \$45.45 |
| Lipitor 80 mg tab | N/A | N/A |

When beginning and switching statin therapy, please consider the following guidelines:

- For patients who require LDL-C reductions of up to 50% to meet their goal, simvastatin provides the greatest value. Lovastatin and pravastatin are alternatives for LDL-C reductions up to 40%.
- For patients who required LDL-C reductions > 50%, atorvastatin 80 mg daily is preferred.
- The addition of ezetimibe (Zetia) may be considered for patients not meeting LDL-C goals on maximally tolerated doses of statins.
- All available statins have been associated with CPK and LFT elevations and infrequent symptomatic myotoxicity and rhabdomyolysis. There is no evidence that increases in LFTs are associated with an increased risk for clinically significant liver failure.

References

- Oregon Health and Science University Evidence-based Practice Center. Drug class review on HMG-CoA Reductase Inhibitors, Final Report. August 2006. Available at <http://www.ohsu.edu/drugeffectiveness/reports/documents/Statins%20Final%20Report%20Update%204%20Unshaded.pdf>.
- VA/DoD Clinical Practice Guideline for the Diagnosis and Management of Dyslipidemia. Washington, DC: Office of Quality and Performance and the Veterans Affairs and Department of Defense Development Work Group, Veterans Health Administration, Department of Veterans Affairs; January 2006 Version 2.0. Available at http://www.oqp.med.va.gov/cpg/DL/G/LIP05_950-Final2-01.pdf.