



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

ATORVASTATIN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ATORVASTATIN CALCIUM	ATORVALIQ		53672	GPI-14 (39400010101810)	

**GUIDELINES FOR USE**

1. Is the patient 18 years of age or older and the request is to reduce the risk of **ONE** of the following?
  - Myocardial infarction (MI), stroke, revascularization procedures, or angina and the patient has multiple risk factors for coronary heart disease (CHD) but without clinically evident CHD
  - MI or stroke and the patient has type 2 diabetes mellitus and multiple risk factors for CHD but without clinically evident CHD
  - Non-fatal MI, fatal or non-fatal stroke, revascularization procedures, hospitalization for congestive heart failure, or angina and the patient has clinically evident CHD

If yes, continue to #6.  
If no, continue to #2.

2. Does the patient have a diagnosis of primary hyperlipidemia and meet **ALL** of the following criteria?
  - The patient is 18 years of age or older
  - Atorvaliq will be used in addition to diet

If yes, continue to #6.  
If no, continue to #3.

3. Does the patient have a diagnosis of heterozygous familial hypercholesterolemia (HeFH) and meet **ALL** of the following criteria?
  - The patient is 10 years of age or older
  - Atorvaliq will be used in addition to diet

If yes, continue to #6.  
If no, continue to #4.

4. Does the patient have a diagnosis of homozygous familial hypercholesterolemia (HoFH) and meet **ALL** of the following criteria?
  - The patient is 10 years of age or older
  - Atorvaliq will be used in addition to other LDL-C lowering therapies (e.g., ezetimibe, fenofibrate) OR will be used alone if other LDL-C lowering therapies are unavailable

If yes, continue to #6.  
If no, continue to #5.

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**GUIDELINES FOR USE (CONTINUED)**

5. Does the patient have a diagnosis of primary dysbetalipoproteinemia or hypertriglyceridemia and meet **ALL** of the following?

- The patient is 18 years of age or older
- Atorvaliq will be used in addition to diet

If yes, continue to #6.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

6. Does the patient meet **ALL** of the following criteria?

- The patient had a trial of or contraindication to generic atorvastatin tablets
- The patient cannot swallow atorvastatin tablets AND had a trial of rosuvastatin (Ezallor) sprinkle capsule

If yes, continue to #7.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

7. Is the patient also requesting a zero-dollar cost share exception (i.e., the plan follows Affordable Care Act [ACA] recommendations and is linked to MedImpact's Essential Health Benefit Tables)?

If yes, continue to #8.

If no, **approve for 12 months by GPID or GPI-14 with a quantity limit of #20 mL per day.**

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GUIDELINES FOR USE (CONTINUED)

8. Is the patient between 40-75 years of age without a history of cardiovascular disease and has NOT used any of the following secondary prevention medications for cardiovascular disease within the past 120 days based on the patient's prescription claims profile or medical records?

- Aspirin/dipyridamole (Aggrenox)
- Clopidogrel (Plavix)
- Dipyridamole
- Nitroglycerin (i.e., oral, sublingual, transdermal patch or ointment, translingual dosage forms)
- Prasugrel (Effient)
- Praluent Pen
- Repatha
- Ticagrelor (Brilinta)
- Ticlopidine
- Vorapaxar sulfate (Zontivity)

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #5 mL per day at zero copay.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **ATORVASTATIN (Atorvaliq)** requires the following rule(s) be met for approval:

A. The request is for ONE of the following:

1. To reduce the risk of one of the following and you are 18 years of age or older:
  - i. Myocardial infarction (MI: heart attack), stroke, revascularization procedures (restoring blood flow to heart and other areas), or angina (chest pain) and you have multiple risk factors for coronary heart disease (CHD: heart arteries get blocked with fats and plaques) but without clinically evident CHD
  - ii. MI or stroke and you have type 2 diabetes mellitus (a disorder with high blood sugar) and multiple risk factors for CHD but without clinically evident CHD
  - iii. Non-fatal (not deadly) MI, fatal (deadly) or non-fatal stroke, revascularization procedures, hospitalization for congestive heart failure (a type of heart failure), or angina and you have clinically evident CHD
2. Primary hyperlipidemia (high level of fat in the blood due to genetic causes)
3. Heterozygous familial hypercholesterolemia (HeFH: a type of inherited high cholesterol)
4. Homozygous familial hypercholesterolemia (HoFH: a type of inherited high cholesterol)
5. Primary dysbetalipoproteinemia (a condition leading to increased total cholesterol and triglyceride levels in the blood)
6. Hypertriglyceridemia (high level of fat in the blood)

***(Denial text continued on next page)***

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GUIDELINES FOR USE (CONTINUED)

- B. You had a trial of or contraindication (harmful for) to generic atorvastatin tablets
- C. You cannot swallow atorvastatin tablets AND had a trial of rosuvastatin (Ezallor) sprinkle capsule
- D. **If you have primary hyperlipidemia, approval also requires:**
  - 1. You are 18 years of age or older
  - 2. Atorvaliq will be used in addition to diet
- E. **If you have heterozygous familial hypercholesterolemia, approval also requires:**
  - 1. You are 10 years of age or older
  - 2. Atorvaliq will be used in addition to diet
- F. **If you have homozygous familial hypercholesterolemia, approval also requires:**
  - 1. You are 10 years of age or older
  - 2. Atorvaliq will be used in addition to other LDL-C lowering therapies (such as ezetimibe, fenofibrate) OR will be used alone if other LDL-C lowering therapies are unavailable
- G. **If you have dysbetalipoproteinemia or hypertriglyceridemia, approval also requires:**
  - 1. You are 18 years of age or older
  - 2. Atorvaliq will be used in addition to diet
- H. Requests for zero dollar cost share also requires that you are between 40-75 years of age without a history of cardiovascular disease (relating to heart and blood vessels) and you have not used any of the following secondary prevention medications for cardiovascular disease within the past 120 days based on your prescription claims profile or medical records:
  - 1. Aspirin/dipyridamole (Aggrenox)
  - 2. Clopidogrel (Plavix)
  - 3. Dipyridamole
  - 4. Nitroglycerin (i.e., oral, sublingual, transdermal patch or ointment, translingual dosage forms)
  - 5. Prasugrel (Effient)
  - 6. Praluent Pen
  - 7. Repatha
  - 8. Ticagrelor (Brilinta)
  - 9. Ticlopidine
  - 10. Vorapaxar sulfate (Zontivity)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**ATORVASTATIN**

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Atorvaliq.

**REFERENCES**

- Atorvaliq [Prescribing Information]. Farmville, NC: CMP Pharma, Inc.; February 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/09/23

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