

PHC Step Therapy Criteria

Drug(s):	<p>Statins Crestor (low doses), Lipitor (low doses), or Vytorin</p>
Process:	<p>Crestor 40mg and Lipitor 80mg are not affected by this step edit</p> <p>Prescription entered for processing by pharmacy for low dose Lipitor (10mg, 20mg, 40mg) or low dose Crestor (5mg, 10mg, 20mg) or Vytorin (all strengths)</p> <p>Step 1- Review patient history for use of either Simvastatin (Zocor) or Pravastatin (Pravachol)</p> <p>Step 2- If there is <u>NO</u> history of either formulary generic statin, claim rejects, patient must try and fail a preferred formulary generic statin</p> <p>Step 3- If there <u>IS</u> history of EITHER formulary generic statin, then Crestor, Lipitor or Vytorin would process at their respective formulary copay</p>
Exception:	<p>If doctor believes that none of the first and/or second line drugs is right for the patient due to their medical condition, or if the patient has already tried and failed a first or second line drug, he/she may request an exception to the formulary. To file a request, doctor should complete and submit a Coverage Exception Request Form.</p> <p>Computer assisted forms can be accessed online at www.PHCcares.com in the pharmacy section of the portal.</p> <p>If the request for an exception to our formulary is approved, we will continue to cover the requested drug without interruption.</p> <p>Please fax the Coverage Exception Request Form to Envision Pharmaceutical Services at 1-866-250-5178 or mail to Envision Pharmaceutical Services 2181 E. Aurora Rd. Twinsburg, OH 44087.</p>
Duration Of Approval:	Lifetime of member under current Member ID