

Michigan Pharmacy and Therapeutics Committee
Cardiac Medications Workgroup
Recommendations, February 2007

Following review and discussion of the medications in these drug classes, the Workgroup recommends to the Committee for consideration the following:

ACE Inhibitors

Add generic quinipril and fosinopril to the list of medications available without prior authorization.

Antihypertensive Combinations: ACEI-CCB

No change to current status of medications

Angiotensin Receptor Antagonists

No change to current status of medications

Beta Blockers

No change to current status of medications

Calcium Channel Blockers-Dihydropyridine

Remove immediate release nifedipine products from the group of drugs not requiring prior authorization, based on patient safety concerns

No change to the status of other drugs in this class

Calcium Channel Blockers-Non-Dihydropyridine

No change to current status of medications

Lipotropic-Antihypertensive Combination

No change to current status of medication

Lipotropics-Non-Statins: Fibrin Acid Derivatives

No change to current status of medications

Lipotropics: Non-Statins

No change to current status of medications

Lipotropics: Statins

Remove the requirement for prior authorization on Crestor, Vytorin, Pravastatin. This is based on the available literature which shows that for patients who require LDL-c reductions of up to 35% to meet their goal, any of the statins are effective. For patients requiring LDL-c reduction of 35% to 50% to meet the NCEP goal, atorvastatin 20mg or more, lovastatin, 80mg, rosuvastatin, 10mg or more, and simvastatin, 20 mg or more daily are likely to meet the goal.

Lipotropics: Niacin Derivatives

No change to current status of medications

Lipotropics: Other

No change to current status of medications

