

In order to assist in converting your patient from a Non-preferred statin to the Preferred statin on Arkansas Medicaid, the following chart shows an approximate equivalent daily dose for statins with respect to their LDL-c lowering abilities. To discuss conversion to the Preferred Drug or to request authorization for a Non-Preferred drug, please contact Arkansas Medicaid Evidence-Based Prescription Drug Program Authorization Call Center at WATS 866-250-2518 or Local 501-526-4200.

Equivalent Doses of Statins* as Compared to Zocor (Simvastatin)					
ZOCOR (Simvastatin) ARKANSAS MEDICAID PREFERRED DRUG	NON- PREFERRED Atorvastatin	NON- PREFERRED Fluvastatin	NON- PREFERRED Lovastatin	NON-PREFERRED Pravastatin	NON- PREFERRED Rosuvastatin
10 mg		40 mg	20 mg	20 mg	
20 mg	10 mg	80 mg	40 or 80 mg	40 mg	
40 mg	20 mg		80 mg	80 mg	5 or 10 mg
80 mg	40 mg				
	80 mg				20 mg
					40 mg

*Helfand, M., Carson, S., Kelley, C. (2004). *Drug Class Review on HMG-CoA Reductase Inhibitors (Statins)*. Retrieved March 18, 2005, from Oregon Health and Sciences University, Drug Effectiveness Review Project Web site: <http://www.ohsu.edu/drugeffectiveness/reports/documents/Statins%20Final%20Report%20u2.pdf>