Simvastatin 80mg

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comment
Simvastatin 80 mg	Preferred

APPROVAL CRITERIA

Requests for a product containing simvastatin 80 mg may be approved when the following criteria are met:

I. Individual has been on a product containing simvastatin 80 mg for 12 months or more without evidence of muscle toxicity. **OR**

II. Individual is requesting 80 mg tablets in a quantity consistent with a total daily simvastatin dose of 40mg (example, quantity of 15 for a 30 day supply).

NOTE: If the individual had elevated CPK or LFTs, they should return to normal limits prior to initiation of therapy with another statin. If the individual had a diagnosis of rhabdomyolysis, clinical symptoms (such as myalgia, generalized weakness, and hemoglobinuria) and CK levels should return to the individual's baseline or deemed appropriate by the provider prior to initiation of therapy with another statin/statin combination.

State Specific Mandates		
State name Kentucky	Date effective N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.