

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM
Simvastatin 80mg daily (Zocor[®] and Vytorin[®])

Patient name: _____ Medicaid ID #: _____
Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____
Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____
Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____
Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992

NOTE: In June 2011 the FDA issued a statement recommending that the highest approved dose of simvastatin (80mg) be avoided due to an increased risk of myopathy and rhabdomyolysis, when compared to lower doses of simvastatin, and to other statins. Utah Medicaid has created the following Prior Authorization criteria in support of the FDA's statement.

No Prior Authorization is required for simvastatin doses below 41mg per day.

CRITERIA:

- The patient has been receiving greater than 40mg of simvastatin daily (either as simvastatin or as Vytorin[®]) for 12 or more months, with no evidence of myopathy. **Please submit medical notes indicating lack of myopathic symptoms. Note that authorization will only be granted to patients established on, and continuing therapy at a dose of greater than 40mg daily.**

AND

- The patient is not receiving any medications which are contraindicated for use with simvastatin (at **any** dose).
 - Please see the full prescribing information for simvastatin and/or Vytorin[®]. Contraindicated medications include but are not limited to itraconazole, ketoconazole, posaconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, gemfibrozil, cyclosporine, danazol, amiodarone, verapamil, diltiazem, amlodipine, and ranolazine.

AUTHORIZATION:

1 year

RE-AUTHORIZATION:

Submission of medical notes indicating therapeutic efficacy and continued lack of myopathic symptoms.

11/15/2011

<https://medicaid.utah.gov/pharmacy/>