



PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 10/21/11  
LAST REVIEW DATE: 11/16/17  
LAST CRITERIA REVISION DATE: 11/16/17  
ARCHIVE DATE:

---

**MEDICATIONS WHICH CONTAIN SIMVASTATIN 80 MG:  
ZOCOR (simvastatin) 80 mg oral tablet  
VYTORIN (ezetimibe-simvastatin) 10-80 mg oral tablet  
Ezetimibe-simvastatin 10-80 mg oral tablet**

---

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

**BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.**

---

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at [www.azblue.com/pharmacy](http://www.azblue.com/pharmacy).

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602)



PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 10/21/11  
LAST REVIEW DATE: 11/16/17  
LAST CRITERIA REVISION DATE: 11/16/17  
ARCHIVE DATE:

---

**MEDICATIONS WHICH CONTAIN SIMVASTATIN 80 MG:**  
**ZOCOR (simvastatin) 80 mg oral tablet**  
**VYTORIN (ezetimibe-simvastatin) 10-80 mg oral tablet**  
**Ezetimibe-simvastatin 10-80 mg oral tablet (cont.)**

---

864-3126 or emailed to [Pharmacyprecert@azblue.com](mailto:Pharmacyprecert@azblue.com). **Incomplete forms or forms without the chart notes will be returned.**

---

**Description:** <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm257884.htm>

The above link to the Food and Drug Administration (FDA) website is their recommendation that the use of medications which contain 80 mg of simvastatin—the highest approved dose—be sharply curtailed because of the risk of muscle injury.

FDA says this dose should only be used by individuals who have been taking it for 12 months or longer without ill effect. Another goal of the recommendation is to inform providers to not start individuals on 80 mg of simvastatin. These recommendations were prompted by a comprehensive review of clinical trial data and from the agency's Adverse Event Reporting System that tracks the safety of drugs once they are on the market.

All statins carry some risk of myopathy, characterized by unexplained muscle weakness or pain. Myopathy can be debilitating and the rare form of myopathy, known as rhabdomyolysis, can lead to kidney failure and death.

The risk is greater for individuals who take the 80 mg doses of simvastatin, especially in the first year of treatment. The muscle damage is often caused by interactions with other medications and some people are genetically predisposed towards simvastatin-related myopathy.

Simvastatin is sold under the brand name Zocor and as a single-ingredient generic drug. It is also sold in combination with Ezetimibe as Vytorin, and Niacin as Simcor. Vytorin is now available as a generic product.

The maximum amount of simvastatin found in Simcor is 40 mg, while the maximum amount of simvastatin found in Vytorin is 80 mg. FDA has revised the drug labels for simvastatin (brand and generic) and Vytorin (brand and generic) to include the new restrictions for the 80 mg dose. The labels of simvastatin (brand and generic), Vytorin (brand and generic) and Simcor have all been changed to include dosing recommendations when these drugs are used with medicines that can increase the level of simvastatin, thus increasing the risk of myopathy.

For individuals taking 40 mg of simvastatin and who are not meeting their LDL cholesterol goal, FDA is advising providers to choose a different statin rather than raise the simvastatin dose to 80 mg.

Like all statins, simvastatin is used to lower low-density lipoprotein (LDL) cholesterol. The 80 mg dose of simvastatin has been shown to lower LDL cholesterol by an additional 6% over the 40 mg dose.

It is important that individuals should not stop their statin medication without consulting their provider. The benefits of the treatment far outweigh the risks, as the occurrence of rhabdomyolysis is considered extremely rare.

---

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 10/21/11  
LAST REVIEW DATE: 11/16/17  
LAST CRITERIA REVISION DATE: 11/16/17  
ARCHIVE DATE:

---

**MEDICATIONS WHICH CONTAIN SIMVASTATIN 80 MG:**

**ZOCOR (simvastatin) 80 mg oral tablet**

**VYTORIN (ezetimibe-simvastatin) 10-80 mg oral tablet**

**Ezetimibe-simvastatin 10-80 mg oral tablet (cont.)**

---

**ZOCOR (simvastatin) 80 mg oral tablet**

**VYTORIN (ezetimibe-simvastatin) 10-80 mg oral tablet**

**Ezetimibe-simvastatin 10-80 mg oral tablet**

**Medication class:**

Antilipemic agent, HMG-CoA reductase inhibitor – Simvastatin

Antilipemic agent - Ezetimibe

**FDA-approved indication(s):**

- Hyperlipidemia

**Recommended Dose:**

- Zocor and generic:
  - Usual starting dose is 10-20 mg once daily, usual dosage range is 5-40 mg once daily
- Vytorin and generic:
  - Usual starting dose is 10/10 mg-10/20 mg once daily, usual dosage range is 10/10 mg daily to 10/40 mg once daily

***Maximum dosage***

- Zocor and generic:
  - FDA-recommendation 40 mg once daily, 80 mg only for those who have been on 80 mg for 12 months or more without evidence of muscle toxicity
- Vytorin and generic:
  - FDA-recommendation 10/40 mg once daily, 10/80 mg only for those who have been on 10/80 mg for 12 months or more without evidence of muscle toxicity

**Available Dosage Forms:**

- Zocor and generic: 5 mg, 10 mg, 20 mg, 40 mg, and 80 mg tablets
  - Vytorin and generic: 10/10 mg, 10/20 mg, 10/40 mg, and 10/80 mg tablets
-

PHARMACY COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 10/21/11  
LAST REVIEW DATE: 11/16/17  
LAST CRITERIA REVISION DATE: 11/16/17  
ARCHIVE DATE:

---

**MEDICATIONS WHICH CONTAIN SIMVASTATIN 80 MG:  
ZOCOR (simvastatin) 80 mg oral tablet  
VYTORIN (ezetimibe-simvastatin) 10-80 mg oral tablet  
Ezetimibe-simvastatin 10-80 mg oral tablet (cont.)**

---

**Criteria:**

- A medication with 80 mg of simvastatin is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:
1. Individual is 18 years of age or older
  2. Medication with 80 mg of simvastatin is prescribed according to FDA recommendations
  3. Evidence provided by either the individual or prescriber of treatment with a medication with 80 mg of simvastatin for 12 months previously without evidence of muscle toxicity
  4. Individual has been adherent with the medication throughout the 12 months
  5. There are no significant interacting drugs

**Approval duration:** 12 months

---

**Resources:**

FDA notice of limit of use for 80 mg Simvastatin 9-9-2011

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm257884.htm>

Zocor package insert, revised by manufacturer on 10-2012, reviewed on 09-16-2013

Simvastatin package insert, revised by manufacturer on 05-2016, reviewed on 10-18-2016

Vytorin package insert, revised by manufacturer on 03-2015, reviewed on 10-18-2016

Zocor package insert, revised by manufacturer on 03-2015, reviewed on 10-18-2016

---



An Independent Licensee of the Blue Cross and Blue Shield Association

Fax completed prior authorization request form to 602-864-3126 or email to pharmacyprecert@azblue.com. Call 866-325-1794 to check the status of a request. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at www.azblue.com/pharmacy.

# Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

**REQUIRED:** Office notes, labs, and medical testing relevant to the request that show medical justification are required.

## Member Information

Member Name (first & last):	Date of Birth:	Gender:	BCBSAZ ID#:
Address:	City:	State:	Zip Code:

## Prescribing Provider Information

Provider Name (first & last):	Specialty:	NPI#:	DEA#:
Office Address:	City:	State:	Zip Code:
Office Contact:	Office Phone:	Office Fax:	

## Dispensing Pharmacy Information

Pharmacy Name:	Pharmacy Phone:	Pharmacy Fax:
----------------	-----------------	---------------

## Requested Medication Information

Medication Name:	Strength:	Dosage Form:
Directions for Use:	Quantity:	Refills:
		Duration of Therapy/Use:

Check if requesting **brand** only     Check if requesting **generic**

Check if requesting continuation of therapy (prior authorization approved by BCBSAZ expired)

## Turn-Around Time For Review

Standard     Urgent. Sign here: \_\_\_\_\_     Exigent (requires prescriber to include a written statement)

## Clinical Information

**1. What is the diagnosis? Please specify below.**

ICD-10 Code: \_\_\_\_\_      Diagnosis Description: \_\_\_\_\_

**2.**  Yes     No      **Was this medication started on a recent hospital discharge or emergency room visit?**

**3.**  Yes     No      **There is absence of ALL contraindications.**

**4. What medication(s) has the individual tried and failed for this diagnosis? Please specify below.**

Important note: Samples provided by the provider are not accepted as continuation of therapy or as an adequate trial and failure.

Medication Name, Strength, Frequency	Dates started and stopped or Approximate Duration	Describe response, reason for failure, or allergy

**5. Are there any supporting labs or test results? Please specify below.**

Date	Test	Value

# Pharmacy Prior Authorization Request Form

**6. Is there any additional information the prescribing provider feels is important to this review? Please specify below.**  
For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.

**Signature affirms that information given on this form is true and accurate and reflects office notes**

Prescribing Provider's Signature:

Date:

**Please note:** Some medications may require completion of a drug-specific request form.

**Incomplete forms or forms without the chart notes will be returned.**

Office notes, labs, and medical testing relevant to the request that show medical justification are required.