

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## Simvastatin

Medication	Comments
Simvastatin 80 mg	N/A

### OVERRIDE(S)

Prior Authorization of Benefits

### APPROVAL DURATION

1 Year

### APPROVAL CRITERIA

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

- I. Patient has been on a product containing simvastatin 80 mg for 12 months or more without evidence of muscle toxicity.
  - All other requests will be reviewed on a case by case basis.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.