

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Pitavastatin (Livalo)

Notes:

- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **pitavastatin (Livalo)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has failed a trial of rosuvastatin, atorvastatin, and pravastatin or patient has an allergy or intolerance* to rosuvastatin, atorvastatin, and pravastatin

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **pitavastatin (Livalo)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has failed a trial of rosuvastatin, atorvastatin, and pravastatin or patient has an allergy or intolerance* to rosuvastatin, atorvastatin, and pravastatin

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **pitavastatin (Livalo)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has failed a trial of rosuvastatin, atorvastatin, and pravastatin or patient has an allergy or intolerance* to rosuvastatin, atorvastatin, and pravastatin