



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 2233-1
Program	Prior Authorization/Medical Necessity – Lithobid (brand only)
Medication/Therapeutic Class	Lithobid
P&T Approval Date	3/2021
Effective Date	6/1/2021; Oxford only: 6/1/2021

1. Background:

This program requires a member to try an AB-rated generic lithium prior to receiving coverage for brand Lithobid.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Lithobid (brand only)** will be approved based on **one** of the following criteria:

a. **Both** of the following:

(1) History of greater than or equal to 4 week trial of generic lithium (document date of trial)

-AND-

(2) One of the following:

(a) History of an inadequate response to generic lithium despite therapeutic levels (0.6 to 1.2 mEq/L)

(b) History of the inability to achieve or maintain therapeutic levels despite adequate dosing adjustments

-OR-

b. History of an intolerance to generic lithium which was unable to be resolved with attempts to minimize the adverse effects where appropriate (e.g. change timing of dosing, divide daily dose out for more frequent but smaller doses, lowering dose)

-OR-

c. Currently established on Lithobid and stable for at least 6 months.

Authorization will be issued for 12 months.

B. Reauthorization

1. **Lithobid (brand only)** will be approved based on the following criterion:
 - a. Documentation of positive clinical response to therapy

Reauthorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Lithobid [package insert]. Baudette, MN: ANI Pharmaceuticals, Inc; February 2020.
2. Gitlin, M. Lithium side effects and toxicity: prevalence and management strategies. Int J Bipolar Disord. 2016;4(1):27. Epub 2016 Dec 17.

Program	Prior Authorization/Medical Necessity – Lithobid (brand only)
Change Control	
Date	Change
3/2021	New program.