



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2020 P 2191-1
Program	Prior Authorization/Medical Necessity - Oxford
Medication/Therapeutic Class	Livalo (pitavastatin)
P&T Approval Date	3/2020
Effective Date	Oxford: 6/1/2020

**1. Background:**

UnitedHealthcare benefit documents define Therapeutically Equivalent as when medications/products have essentially the same efficacy and adverse effect profile. This determination is made by the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and is not intended to imply therapeutic equivalence as defined by the FDA Orange Book.

Oxford plans, due to state mandates, may request a prior authorization for these medications which will require history of failure, contraindication or intolerance to another product(s) or an over-the-counter medication.

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Livalo** will be approved based on the following criteria:

- a. Submission of medical records documenting history of trial and failure, inadequate response, or intolerance to **THREE** of the Therapeutically Equivalent covered medications listed below.

- (1) atorvastatin (generic Lipitor)
- (2) fluvastatin (generic Lescol)
- (3) lovastatin (generic Mevacor)
- (4) pravastatin (generic Pravachol)
- (5) rosuvastatin (generic Crestor)
- (6) simvastatin (generic Zocor)

**Authorization will be issued for 12 months**

**B. Reauthorization**

1. Livalo will be approved based on **BOTH** of the following criteria:

- a. Documentation of positive clinical response

**-AND-**

- b. Member is currently on the requested medication as documented in claims history (evidence of claims in past 120 days)

**Authorization will be issued for 12 months.**

<sup>a</sup> 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:**

- Supply limits may also apply.

**4. References:**

- 1. Livalo prescribing information.

Program	Prior Authorization/Medical Necessity - Oxford- Livalo
<b>Change Control</b>	
Date	Change
3/2020	New program