1. **Background:**

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try three alternative statin medications before providing coverage for Lescol XL, Livalo, or Zypitamag.

Members, who have received at least a 90 day supply of Lescol XL, Livalo or Zypitamag in the past 120 days as documented in claims history, will be allowed continued coverage of their current therapy.

2. **Coverage Criteria a:**

A. **Lescol XL (fluvastatin extended-release)*, Livalo (pitavastatin calcium)*, or Zypitamag (pitavastatin magnesium)* will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to **three** of the following:

   a. atorvastatin (generic Lipitor)
   b. fluvastatin (generic Lescol)
   c. lovastatin (generic Mevacor)
   d. pravastatin (generic Pravachol)
   e. rosvastatin (generic Crestor)
   f. simvastatin (generic Zocor)

**Authorization 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.

*Brand Lescol XL, Livalo, and Zypitamag may be excluded from coverage depending on benefit design. More coverage information is available on Link through PreCheck MyScript.*

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3. **Additional Clinical Rules:**

- Supply limits may apply
- 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:**


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