

pitavastatin (LIVALO)

Diagnoses Considered for Coverage:

- Hypercholesterolemia
- Heterozygous familial hypercholesterolemia (HeFH)

Coverage Criteria:

For diagnoses listed above:

- Dose does not exceed FDA labeled maximum, **and**
- Inadequate response, intolerance, or contraindication with two preferred statins (e.g. atorvastatin or rosuvastatin, pravastatin, simvastatin).

Coverage Duration: one year

References:

1. Prescribing information. Livalo. Kowa Pharmaceuticals. 2020

Effective Date: 01/03/2024