

ZYPITAMAG (pitavastatin)

Diagnoses Considered for Coverage:
<ul style="list-style-type: none">• Hyperlipidemia• Hypercholesterolemia• Mixed dyslipidemia
Coverage Criteria:
For diagnoses listed above: <ul style="list-style-type: none">• Inadequate response with atorvastatin 80 mg per day or rosuvastatin 40 mg per day, or maximum tolerated dose, and• Dose does not exceed 4 mg per day.
Coverage Duration: Length of benefit

Effective: 5/01/2018GF