Non-formulary pitavastatin (Livalo®) will be covered on the prescription drug benefit when the following criteria are met:

- Allergy to all formulary statins within the recommended statin intensity

- OR -

- Intolerance to the lowest dose of all formulary statins within the recommended statin intensity

- OR -

- Contraindicated drug interaction with all formulary statins within the recommended statin intensity

- OR -

- Dose Change Only: Patient previously met criteria and is already taking the drug.