



They UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2017 P 1213-1
Program	Prior Authorization
Medication	Health Care Reform - Cardiovascular Disease Prevention Zero Cost Share - atorvastatin (generic Lipitor) 10 mg and 20 mg and simvastatin (generic Zocor) 5 mg, 10 mg, 20 mg, 40 mg
P&T Approval Date	3/2017
Effective Date	12/1/2017, 5/15/2017 – NY only; Oxford only: 5/15/2017 – NY only

**1. Background:**

The U.S. Preventive Services Task Force (USPSTF)<sup>1</sup> recommends that clinicians engage in shared, informed decision making with patients who are at increased risk for cardiovascular disease (CVD).

The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. (<http://tools.acc.org/ASCVD-Risk-estimator/>)

This program is designed to evaluate whether or not members meet the primary prevention criteria for obtaining coverage of low to moderate dose lipid lowering therapy (statins) at zero dollar cost share.

**2. Coverage Criteria:**

**A. Coverage at zero dollar cost share** will be approved based on **all** of the following criteria:

1. Member is between the ages of 40 and 75

**-AND-**

2. Medication is being used for primary prevention of CVD (ie, member has no history of cardiovascular events)

**-AND-**

3. Member has one or more risk factors for CVD (ie, dyslipidemia, diabetes, hypertension, or smoking)

**-AND-**

4. Member has a calculated 10-year risk of a cardiovascular event of 10% or greater

Authorization will be issued for zero copay with deductible bypass for 24 months. If zero dollar cost share criteria is not met the requested drug will default to plan coverage requirements.

**3. Additional Clinical Rules:**

- N/A

**4. References:**

1. U.S. Preventive Services Task Force  
<http://www.uspreventiveservicestaskforce.org/> Accessed 3/2017
2. Stone NJ, Robinson JG, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/ American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129(suppl 2):S1–S45.
3. Cardiovascular Risk Calculator: <http://www.cvriskcalculator.com/>

Program	Prior Authorization/HCR- Cardiovascular Disease Prevention Copay Reduction
<b>Change Control</b>	
Date	Change
3/2017	New program.