

<b>POLICY NAME</b>	Wellness Coverage for Statin Medications (HMG)	<b>POLICY #</b>	2612P
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## Criteria

### Atorvastatin, lovastatin, pravastatin, and simvastatin

- ☐ Provider or member document on prior authorization form that they are seeking coverage of a statin under the Wellness benefit
- ☐ Member is 40 to 75 years old and is using the statin for primary prevention of cardiovascular events
  - The USPTF guidelines do not require statins to be covered under Wellness for patients who have previously had cardiovascular events, secondary prevention
- ☐ The statin therapy that will be covered under wellness are low-to-moderate intensity as defined by the

### American College of Cardiology/American Heart Association guidelines on the treatment of cholesterol to reduce buildup of cholesterol plaque in arteries risk in adults Atorvastatin: 10–20mg daily (select strengths) Lovastatin: 20–40mg daily (all strengths) Pravastatin: 10–80mg daily (all strengths) Simvastatin: 10–40mg daily (all strengths)

- ☐ Documentation that member has one or more heart disease risk factors:
  - Member is a current smoker
  - Age: [?] Males: 45 years and older [?] Females: 55 years and older
  - Family history of premature coronary disease [?] Myocardial infarction or sudden death before 55 years old in first-degree male relative or before

### in first-degree female relative Hypertension [?] Untreated blood pressure > 140/90 mmHg or [?] Taking antihypertensive medications for the treatment of hypertension Diagnosis of Diabetes (considered a coronary heart disease risk equivalent) HDL cholesterol <40mg/dL

- ☐ Documentation that member has a 10-year risk of a cardiovascular event of 10% or greater

## Exclusion Criteria – Any of the following prevents coverage

- ☐ The following statins will not be eligible for coverage under the Wellness benefit even though they have strengths available that are low-to-moderate intensity due to cost and the availability of the above alternatives
  - Fluvastatin
  - Pitavastatin (Livalo)
  - Rosuvastatin Statement of the Policy References

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- ☐ Any combination product containing a statin because the individual statin is only eligible for wellness coverage

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- ☐ Any request for coverage of a statin therapy for secondary prevention of a cardiovascular event

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- ☐ Use of high-intensity statin therapy is not included in the USPSTF requirements for coverage of statin therapy for preventive medication use
  - Atorvastatin: 40–80mg daily