

Policy Name:	Wellness Coverage for Statin Medications (HMG CoA reductase inhibitors)	Policy #:	2612P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for covering select cholesterol-lowering agents, statins, under the Wellness benefit. This policy defines Health Alliance Northwest's process for complying with the United States Preventive Service Task Force (USPSTF) recommendations for statin use in the primary prevention of cardiovascular events and death for select high-risk individuals.

Statement of the Policy

A request for coverage of low-to-moderate-dose statin therapy under the Wellness benefit will be approved for atorvastatin, lovastatin, pravastatin, and simvastatin if the following criteria have been met.

Criteria

1. Atorvastatin, lovastatin, pravastatin, and simvastatin

- 1.1 Provider or member document on prior authorization form that they are seeking coverage of a statin under the Wellness benefit
- 1.2 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
- 1.3 The statin therapy that will be covered under wellness are low-to-moderate intensity as defined by the 2018 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)
- 1.4 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 65 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
- 1.5 Documentation that member has a 10-year risk of a cardiovascular event of 10% or greater

2. Exclusions

- 2.1 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

- 2.2 Any combination product containing a statin because the individual statin is only eligible for wellness coverage
- 2.3 Any request for coverage of a statin therapy for secondary prevention of a cardiovascular event
- 2.4 Use of high-intensity stain therapy is not included in the USPSTF requirements for coverage of statin therapy for preventive medication use
 - Atorvastatin: 40–80mg daily

3. Approval Period

- 3.1 12 months

CPT Codes	

HCPCS Codes	

References

1. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019 Jun 25;73(24):e285- e350.
2. US Preventive Services Task Force. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2022 Aug 23;328(8):746-753.
3. Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA 2001; 285:2486. UptoDate. Accessed Online September 5th, 2017.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.