UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1213-10
Program	Prior Authorization/Regulatory
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, 3/2018, 3/2019, 3/2020, 3/2021, 3/2022, 11/2022, 1/2024, 3/2025, 6/2026
Effective Date	9/1/2026

1. Background:

The U.S. Preventive Services Task Force (USPSTF)[1] 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) (i.e., myocardial infarction 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 (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have an estimated 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. Upon request, 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 (i.e., member has no history of cardiovascular events)

-AND-

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

-AND-

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

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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:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. U.S. Preventive Services Task Force http://www.uspreventiveservicestaskforce.org/ Accessed May 2026.
2. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;140(11):e596-e646.
3. ASCVD Risk Estimator Plus: http://tools.acc.org/ASCVD-Risk-estimator/

Program	Prior Authorization/HCR- Cardiovascular Disease Prevention Copay Reduction
Change Control	
Date	Change
3/2017	New program.
3/2018	Annual review. No changes.
3/2019	Annual review. No changes.
3/2020	Annual review. No changes.
3/2021	Annual review. No changes.
3/2022	Annual review. Added dyslipidemia definition to background.
11/2022	Updated background to align with latest USPSTF recommendation (removed definition of dyslipidemia, replaced calculated risk with estimated risk, replaced symptomatic coronary artery disease with myocardial infarction). Updated criteria to replace calculated risk with estimated risk. Updated references.
1/2024	Annual review. Updated references. Revised criteria to add that review is upon request with no change to clinical intent.
3/2025	Annual review. Updated references.
6/2026	Annual review. Updated references.

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