



## ACA Prevention Copay Waiver Criteria – Individual Marketplace, Commercial

➤ **BCBSKS will review Prior Authorization requests**

**Prior Authorization Form:**

<https://www.bcbsks.com/CustomerService/Forms/pdf/PriorAuth-6324KS-COWA.pdf>

**Link to Drug List (Formulary):**

<https://www.bcbsks.com/drugs/>

### **CLINICAL RATIONALE**

The Affordable Care Act (ACA) requires a member-friendly mechanism for waiving the cost share for an alternative recommended product deemed medically necessary by the provider when a health care provider considers the \$0 covered product is inappropriate for an individual. Prime Therapeutics offers a standard coverage exception/cost share waiver policy that is applied across all ACA categories.

[https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs12.html](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html)

[https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca\\_implementation\\_faqs26.pdf](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca_implementation_faqs26.pdf)

### **Statin ACA Prevention Copay Waiver Criteria**

#### **OBJECTIVE**

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventive Services Task Force (USPSTF). The USPSTF recommendation requires the calculation of Atherosclerotic Cardiovascular Disease (ASCVD) risk. The calculation requires inputting the patient's gender, age, race, high density lipoprotein (HDL) cholesterol, total cholesterol, blood pressure, whether the patient has diabetes, whether the patient is under treatment for hypertension, and whether the patient is an active smoker.<sup>1</sup>

1. American College of Cardiology and American Heart Association's Atherosclerotic Cardiovascular Disease (ASCVD) calculator. Available at: <https://tools.acc.org/ASCVD-Risk-Estimator/> Accessed on 3/1/2017.

**CRITERIA FOR APPROVAL**

The requested statin will be approved when ALL of the following are met:

1. The requested agent is a generic statin (MSC=Y) unless a generic statin is not available for the requested agent  
**AND**
2. The requested statin is covered under the pharmacy benefit or has been approved through the coverage exception process  
**AND**
3. The requested statin is not covered on a \$0 Affordable Care Act (ACA) list  
**AND**
4. The prescriber has provided documentation stating that the statins on the \$0 ACA list are not medically appropriate for this patient and that the requested statin is medically necessary  
**AND**
5. The requested agent is for use in ONE of the following low to moderate daily statin regimen (with up to the highest dosage strength as noted):
  - a. Atorvastatin 10-20 mg per day (20 mg tablet)
  - b. Fluvastatin 20-80 mg per day (40 mg capsule)
  - c. Fluvastatin ER 80 mg per day (80 mg tablet)
  - d. Lovastatin 20-40 mg per day (40 mg tablet)
  - e. Lovastatin ER 20-40 mg per day (40 mg tablet)
  - f. Pitavastatin 1-4 mg per day (4 mg tablet)
  - g. Pravastatin 10-80 mg per day (80 mg tablet)
  - h. Rosuvastatin 5-10 mg per day (10 mg tablet)
  - i. Simvastatin 10-40 mg per day (40 mg tablet, 40 mg/5 mL suspension)**AND**
6. The requested statin is for use in the primary prevention of cardiovascular disease (CVD)  
**AND**
7. The patient is 40-75 years of age (inclusive)  
**AND**
8. The patient has at least one of the following risk factors:
  - a. Dyslipidemia
  - b. Diabetes
  - c. Hypertension
  - d. Smoking**AND**
9. The patient has a calculated 10-year risk of a cardiovascular event of 10% or greater per the American College of Cardiology and American Heart Association's Atherosclerotic Cardiovascular Disease (ASCVD) calculator

**Approval Length:** 12 months

Effective: December 1, 2018  
Prior Revisions: October 1, 2017, January 1, 2018