

Statin Therapy

Treatment Guidelines

5-Star Best Practices



What Are the Measures?

Statin Use in Persons with Diabetes (SUPD) analyzes the percentage of patients aged 40 to 75 years who were dispensed at least two diabetes medication fills and received a statin medication fill during the measurement year.

Statin Therapy for Patients with Cardiovascular Disease (SPC) examines the percentage of males aged 21 to 75 years and females aged 40 to 75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high- or moderate-intensity statin during the measurement year.

Patients in hospice or with a diagnosis of end-stage renal disease (ESRD) are excluded from both measures.

Why Are Statins Important?

According to the 2013 American College of Cardiology/American Heart Association guideline, statins are recommended in the following groups captured by these measures:¹

- > Primary prevention in individuals with diabetes aged 40 to 75 years with LDL-C \geq 70mg/dL
- > Secondary prevention in individuals with clinical ASCVD

This guideline emphasizes reducing ASCVD risk with the maximum tolerated statin intensity rather than achieving a specific LDL-C target. Statin intensity depends on the percent change in LDL-C from baseline rather than absolute LDL-C reduction. Recommendations resulted from expert panel reviews of evidence including:

- > In adults with diabetes without cardiovascular disease, moderate-dose statin therapy reduced the relative risk for cardiovascular events by 27 percent per 38.7mg/dL LDL-C reduction.²
- > In adults with coronary heart disease, statin therapy reduced the relative risk for cardiovascular events by 21 percent per 38.7mg/dL LDL-C reduction.³
- > In adults with and without cardiovascular disease who received more intensive statin therapy or statin therapy compared with placebo, the risk for cardiovascular disease mortality was reduced by 14 percent per 38.7mg/dL LDL-C reduction.³

Moderate- or high-intensity statins are recommended for the diabetes group and high-intensity statins are recommended for the clinical ASCVD group. As some patients may experience statin-associated side effects, SUPD permits low-intensity statins and SPC permits moderate-intensity statins.

How Can Prescribers Improve Performance?

Consider the following formulary statins for patients who are eligible for these measures:

Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Intensity	Dosage
Atorvastatin Lovastatin Pravastatin Simvastatin	Amlodipine & atorvastatin Rosuvastatin (step therapy)	High	Atorvastatin 40-80mg Rosuvastatin 20-40mg
		Moderate	Atorvastatin 10-20mg Lovastatin 40mg Pravastatin 40-80mg Rosuvastatin 5-10mg Simvastatin 20-40mg

1. Stone NJ, Robinson JG, Lichtenstein AH, et al. 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. J Am Coll Cardiol. 2014;63(25 Pt B):2889-934.
2. Cholesterol Treatment Trialists' Collaboration, Kearney PM, Blackwell L, et al. Efficacy of cholesterol-lowering therapy in 18,686 people with diabetes in 14 randomised trials of statins: a meta-analysis. Lancet 2008;371:117-25.
3. Cholesterol Treatment Trialists' Collaboration, Baigent C, Blackwell L. Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170,000 participants in 26 randomised trials. Lancet 2010;376:1670-81.

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Medical Group Guidelines

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Two statin measures using data from the 2017 measurement year will be added to CMS Star ratings beginning in 2019. Patients may be included in both measures.

What Are the Measures?

- > SUPD analyzes the percentage of patients aged 40 to 75 years who were dispensed at least two diabetes medication fills and received a statin medication fill during the measurement year.
- > SPC examines the percentage of males aged 21 to 75 years and females aged 40 to 75 years who were identified as having clinical ASCVD and were dispensed at least one high- or moderate-intensity statin during the measurement year.

How Are the Rates Calculated?

	SUPD	SPC
Numerator	Number of patients in the denominator who had at least one fill for a statin of any intensity or statin combination during the measurement year	Number of patients in the denominator who had at least one fill for a high-intensity or moderate-intensity statin or statin combination during the measurement year
Denominator	Patients aged 40 to 75 years with at least two diabetes medication fills during the measurement year	Males aged 21 to 75 years and females aged 40 to 75 years with clinical ASCVD
Exclusions	<ul style="list-style-type: none"> • ESRD • Hospice 	<ul style="list-style-type: none"> • Cirrhosis • Clomiphene use • ESRD • Hospice • In vitro fertilization • Myalgia, myositis, myopathy or rhabdomyolysis • Pregnancy

What Is the Key Difference?

SUPD may be satisfied with a statin of any intensity, while SPC requires a high- or moderate-intensity statin.

How Can the Medical Group Improve Performance?

- > In order to encourage appropriate statin prescribing, provide prescribers with the recommendations on the reverse side of this handout. These measures can be satisfied with just one fill of a statin.
- > Build an electronic medical record alert to notify providers of patients in need of a statin based on their diagnoses.
- > Develop a pharmacist protocol to initiate statins in patients who meet the criteria.
- > Leverage the SUPD/SPC monitoring report, which SCAN Health Plan® provides on a weekly basis via sFTP, to:
 - Identify patients who meet measure criteria and do not have a fill for a statin.
 - Identify which prescribers have the most opportunities for statin initiation.
- > Encourage patients to remain adherent to statin therapy by converting to 90-day medication supplies and reminding them to refill on schedule.