

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 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.

Why Are Statins Important?

According to the 2018 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 of age
- > Secondary prevention in individuals with clinical ASCVD

This guideline emphasizes reducing ASCVD risk with the maximum tolerated statin intensity. Statin intensity depends on the percentage 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 established vascular disease, statin therapy reduced the relative risk for cardiovascular and cerebrovascular events by 25 percent, preventing 1 outcome for every 35 patients treated on average.²
- > In adults younger than 75 with clinical ASCVD, a high-intensity statin should be initiated or continued with the aim of achieving a 50 percent or greater reduction in LDL-C levels.¹
- > For secondary prevention for patients with clinical ASCVD, there was no evidence in the meta-analysis of trials that indicated a higher-potency statin or more intensive LDL lowering increased the risk of statin-related adverse effects.³
- > In patients with statin-associated side effects that are not severe, it is recommended to reassess and to rechallenge to achieve a maximal LDL-C lowering by a reduced dose, an alternative dosing regimen or an alternate agent.¹

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) |
|--|---|
| atorvastatin lovastatin pravastatin simvastatin | amlodipine-atorvastatin rosuvastatin |

| Intensity | Dosage |
|-----------|---|
| High | atorvastatin 40–80mg amlodipine-atorvastatin 40–80mg simvastatin 80mg ezetimibe-simvastatin 80mg rosuvastatin 20–40mg |
| Moderate | atorvastatin 10–20mg amlodipine-atorvastatin 10–20mg fluvastatin 40mg bid fluvastatin XL 80mg lovastatin 40mg pitavastatin 2–4mg pravastatin 40–80mg rosuvastatin 5–10mg simvastatin 20–40mg ezetimibe-simvastatin 20–40mg |

¹ Grundy SM, et al. 2018 Guideline on the Management of Blood Cholesterol: a Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines.

² Folgerdiena M et al. Primary Prevention of Major Cardiovascular and Cerebrovascular Events with Statins in Diabetic Patients, A Meta-Analysis. *Drugs* 2012; 72 (18): 2365-2373.

³ Baigent C, Blackwell L. et al. 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.

Statin Therapy

Medical Group Guidelines

5-Star Best Practices



As described in the guidelines, statin therapy has improved health outcomes for patients with diabetes and/or clinical ASCVD. Because evidence for prescribing statin therapy is strong, the two statin measures will both be part of CMS star ratings as a way to evaluate quality of care. 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 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 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 • ESRD • Hospice • Myalgia, myositis, myopathy or rhabdomyolysis • Pregnancy, clomiphene use, or in vitro fertilization |

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, educate 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 and manage 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 are not optimized on their statin therapy.
 - Identify which prescribers have the most opportunities for statin initiation.
- > Close the loop by applying motivational interviewing and patient counseling to encourage medication pickup and adherence to statin therapy.
- > Encourage patients to remain adherent to statin therapy by converting to 90-day medication supplies, signing up for mail order, and reminding them to refill on schedule.