

Statin Therapy for Patients with Cardiovascular Disease (SPC)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

MEASURE DESCRIPTION

Percentage of males aged 21-75 and females aged 40-75 who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and:

- Were dispensed at least 1 high-intensity or moderate-intensity statin medication during the measurement year; and
- Remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

EXCLUSIONS

For exclusions, use the appropriate ICD-10-CMⁱ code:

Condition	ICD-10-CM Code
Myalgia	M79.1-M79.18
Myositis	M60.80-M60.819; M60.821-M60.829; M60.831-M60.839; M60.841-
	M60.849; M60.851-M60.859; M60.861-M60.869; M60.871-M60.879;
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82

Patients are excluded if they have any of the following during the measurement year or the year prior to the measurement year:

- End-stage renal disease (ESRD) or dialysis
- Cirrhosis
- A diagnosis of pregnancy
- In vitro fertilization (IVF)
- Dispensed at least one prescription for clomiphene

Patients are excluded if they have any of the following during the measurement year:

- Received hospice or palliative care
- Myalgia, myositis, myopathy, or rhabdomyolysis

- Are Medicare members 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution
- Are age 66 or older with advanced illness and frailty (For additional definition information, see the Advanced Illness and Frailty Exclusions Guide.)

TIPS FOR SUCCESS

Prescribing

- Educate patients on the importance of statin medications for diabetic patients in reducing cardiovascular risk, regardless of cholesterol levels.
- Demonstrate risk for patients using a risk calculator tool, such as the American College of Cardiology's <u>ASCVD Risk Estimator Plus.</u>
- Identify and resolve patient-specific adherence barriers or concerns, such as the statin's health benefits, side effects, cost, and timely refills.
- Consider prescribing a low-cost generic statin medication to reduce the patient's financial burden.
- Consider prescribing at least 1 high-intensity or moderate-intensity statin medication during the measurement year to patients diagnosed with ASCVD.
- Communicate that statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve cholesterol reduction.
- Be aware that medication samples, when given, interfere with pharmacy claims and produce false non-adherence results.
- Encourage the use of pill boxes or medication organizers.

High-intensity statin therapy	Moderate-intensity statin therapy
 Atorvastatin 40-80 mg Amlodipine-atorvastatin 40-80 mg Rosuvastatin 20-40 mg Simvastatin 80 mg Ezetimibe-simvastatin 80 mg 	 Atorvastatin 10-20 mg Amlodipine-atorvastatin 10-20 mg* Rosuvastatin 5-10 mg Rosuvastatin sprinkles* Simvastatin 20-40 mg Ezetimibe-simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40 mg Lovastatin ER 40 mg* Fluvastatin ER 80 mg Pitavastatin 1-4 mg*

^{*}Tier 4 non-preferred. Step therapy required

⁺Tier 5. Step therapy required

Symptom Management

Although muscle symptoms may occur, true statin intolerance is uncommon. Given the benefits of statins in ASCVD risk reduction for patients with diabetes, clinicians should partner with the patient to gain a thorough symptom history and determine if he or she is truly statin intolerant. Recommendations for statin intolerance issues include:

- Employ a statin intolerance tool, such as the <u>Statin Intolerance Tool</u> from the American College of Cardiology.
- Consider dose, frequency, or prescribing changes and rechallenge strategies if symptoms are reported.
- Remind patients to contact you if they think they are experiencing adverse effects to statins.
- Once patients demonstrate they can tolerate statin therapy, encourage them to obtain 90-day supplies at their pharmacy.
- Develop a medication adherence plan with patient and advise them to set up reminders.

ⁱ ICD-10-CM created by the National Center for Health Statistics, under authorization by the World Health Organization. WHO-copyright holder.