

5-Star Best Practices ★★★★★

What Are the Measures?

	Statin Therapy in Patients with Cardiovascular Disease (SPC)	Statin Use in Persons with Diabetes (SUPD)
Definition	The percentage of males 21 to 75 and females 40 to 75 years of age who were identified as having clinical ASCVD and were dispensed at least one high- or moderate-intensity statin during the measurement year	The percentage of patients 40 to 75 years of age who were dispensed at least two diabetes medication fills on different dates of service and received one statin of any intensity during the measurement year
Exclusions	<ul style="list-style-type: none"> • Cirrhosis (K74.60) • ESRD • Hospice, palliative care • Myalgia (M79.1), myositis (M60.9), myopathy (G72.9), or rhabdomyolysis (M62.82) • Pregnancy, clomiphene use, or in vitro fertilization • Age 66 and older in I-SNP or has LTI flag • Age 66 and older with frailty and advanced illness • NEW! Muscular Reactions to Statins: <ul style="list-style-type: none"> – History of myalgia caused by statin (situation): 16524291000119105 – History of rhabdomyolysis due to statin (situation): 16524331000119104 – Myalgia caused by statin (finding): 16462851000119 – Rhabdomyolysis due to statin (disorder): 787206005 	<ul style="list-style-type: none"> • Cirrhosis (K74.60) • ESRD • Hospice • Myositis (M60.9), myopathy (G72.9), or rhabdomyolysis (M62.82) • Polycystic Ovary Syndrome (E28.2) • Pregnancy, lactation, clomiphene use, or in vitro fertilization • Pre-Diabetes (R73.03, R73.09)

*ICD-10 codes may differ between SUPD and SPC. This is not an all-inclusive list of exclusion criteria.

How Can the Medical Group Improve Performance?

- 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 provides on a weekly basis via MFT, 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.
 - Identify patients who meet measure criteria and met exclusion criteria in the last 1-2 years. Assess exclusion codes and determine if still applicable.
- For patients in the SPC denominator, please confirm ASCVD diagnoses and treat accordingly, and apply appropriate exclusion codes for statin intolerance (myalgia, myositis, etc.).
- For patients in the SPC denominator who have reported history of muscular reactions to statins, consider coding for new exclusions.
- Prescribing atorvastatin or rosuvastatin will satisfy both SPC and SUPD measures.
- Consider the following formulary statins on the next page for patients who are eligible for these measures.

Statin Medications on the SCAN Formulary

High-Intensity		Moderate-Intensity	
LDL-C lowering $\geq 50\%$		LDL-C lowering 30% to 50%	
Tier 1 (Preferred Generic)	atorvastatin 40-80mg rosuvastatin 20-40mg simvastatin 80mg	atorvastatin 10-20mg lovastatin 40mg pravastatin 40-80mg	rosuvastatin 5-10mg simvastatin 20-40mg
Tier 2 (Generic)	amlodipine-atorvastatin 40-80mg	amlodipine-atorvastatin 10-20mg	

Note: Ezetimibe-simvastatin is available as a Tier 3.

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 measures¹:

- Primary prevention in individuals with diabetes 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 of cardiovascular and cerebrovascular events by 25%, preventing one 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 reduction in LDL-C levels by at least 50%. ¹
For secondary prevention for patients with clinical ASCVD	There was no increased risk of statin-related adverse effects with a higher-potency statin or more intensive LDL-C reduction based on meta-analysis. ³
In patients experiencing non-severe statin-associated side effects	It is recommended to reassess and to rechallenge to achieve a maximal LDL-C reduction with a lower dose, an alternative dosing regimen or an alternate agent. ¹ <ul style="list-style-type: none"> • For example, consider rosuvastatin 5mg once weekly and up-titrate to as frequently as every other day.⁴

Recommended Statin Intensities

Recommended Statin Intensity		Permitted Statin Intensity*
Diabetes Group (SUPD)	Moderate- or high-intensity	Low-intensity
Clinical ASCVD Group (SPC)	High-intensity	Moderate-intensity

*Note: Permitted statin intensity as some patients may experience statin-associated side effects.

- 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 de Vries FM 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.
- 4 Mampuya WM, Frid D, Rocco M, et al. Treatment strategies in patients with statin intolerance: the Cleveland Clinic experience. *Am Heart J.* 2013;166(3):597-603.