Pharmacy Update July 2024

Importance of Statin Therapy

Cardiovascular disease is the leading cause of mortality in the United States, with 48.6% of American adults (128 million) having at least one form of cardiovascular disease. Several factors contribute to the risk of developing atherosclerotic cardiovascular disease (ASCVD), including elevated low-density lipoprotein (LDL) cholesterol, diabetes, hypertension, cigarette smoking and advancing age. Multiple clinical trials have demonstrated the beneficial effects of statin therapy for the primary and secondary prevention of ASCVD. In a meta-analysis of 14 randomized trials, statin therapy resulted in a 21% reduction in ASCVD risk for each mmol/L reduction in LDL cholesterol. The American College of Cardiology and American Heart Association (ACC/AHA) and American Diabetes Association (ADA) recommend statin therapy for the following patient groups:^{2,3}

Group	Recommendation*
20–39 years with diabetes and ASCVD risk factors	Consider statin therapy
40–75 years with diabetes without ASCVD risk factors	Moderate-intensity statin
40–75 years with diabetes and ASCVD risk factors	High-intensity statin [†]
75 years or younger with ASCVD	High-intensity statin [‡]

^{*}In patients who do not tolerate the intended statin intensity, the maximum tolerated statin dose should be used

The National Committee for Quality Assurance (NCQA) promotes the importance of statin therapy through two Healthcare Effectiveness Data and Information Set (HEDIS) quality measures:⁴

		erapy for Patients with ascular Disease (SPC)	Statin Therapy for Patients with Diabetes (SPD)	
Description	Percentage of males ages 21 to 75 years and females ages 40 to 75 years with clinical ASCVD who were prescribed a high-intensity or moderate-intensity statin and at least 80% adherent in the treatment period		Percentage of members ages 40 to 75 years with diabetes and without clinical ASCVD who were prescribed a statin of any intensity and at least 80% adherent in the treatment period	
Exclusions*	 Pregnant 	 End-stage renal diseas 	e Palliative care or hospice	
EXCIUSIONS	 Cirrhosis 	 Myalgia, myositis, myo 	Myalgia, myositis, myopathy or rhabdomyolysis	

^{*}Not a comprehensive list

How can I help improve performance?

- Code for exclusionary diagnoses in a timely manner.
- Consider the following formulary statins for your patients and evaluate medication adherence:²

Low-intensity statins (lowers LDL by less than 30%)	Moderate-intensity statins (lowers LDL by 30–49%)	High-intensity statins (lowers LDL by 50% or greater)	
lovastatin 20 mg pravastatin 10 mg, 20 mg simvastatin 10 mg	atorvastatin 10 mg, 20 mg lovastatin 40 mg pravastatin 40 mg, 80 mg rosuvastatin 5 mg, 10 mg simvastatin 20 mg, 40 mg	atorvastatin 40 mg, 80 mg rosuvastatin 20 mg, 40 mg	

References

- 1. Martin SS, Aday AW, Almarzooq ZI, et al. 2024 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association. Circulation. 2024;149(8):e347-e913. doi:10.1161/CIR.00000000001209.
- Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. Circulation. 2019;139:e1082–e1143. doi:10.1016/j.jacc.2018.11.002.
- 3. American Diabetes Association Professional Practice Committee. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes-2024. Diabetes Care. 2024;47(Suppl 1):S179-S218. doi:10.2337/dc24-S010.
- 4. National Committee for Quality Assurance (NCQA). HEDIS MY 2024, Volume 2. Technical Specifications for Health Plan.

[†]May add ezetimibe or PCSK9 inhibitor to maximum tolerated statin in those with multiple ASCVD risk factors and LDL of 70 mg/dL or higher [‡]Add ezetimibe or PCSK9 inhibitor to maximum tolerated statin if LDL reduction of 50% or greater from baseline and LDL less than 55 mg/dL is not achieved