



### Importance of Statin Therapy

Cardiovascular disease is the leading cause of mortality in the United States, with 48.6% of American adults (127.9 million) having at least one form of cardiovascular disease.<sup>1</sup> Several factors contribute to the risk of developing atherosclerotic cardiovascular disease (ASCVD), including low-density lipoprotein (LDL) cholesterol, diabetes, hypertension, cigarette smoking and advancing age. For the primary and secondary prevention of ASCVD, multiple clinical trials have demonstrated the beneficial effects of statin therapy. 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:<sup>2,3</sup>

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 <sup>†</sup>
75 years or younger with ASCVD	High-intensity statin <sup>‡</sup>

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

<sup>†</sup>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

<sup>‡</sup>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

The National Committee for Quality Assurance has two Healthcare Effectiveness Data and Information Set (HEDIS) quality measures that promote the importance of statin therapy:<sup>4</sup>

	Statin Therapy for Patients with Diabetes (SPD)	Statin Therapy for Patients with Cardiovascular Disease (SPC)
Description	Percentage of members age 40 to 75 years with diabetes and without clinical ASCVD who were prescribed a <b>statin of any intensity</b> and at least 80% adherent in the treatment period	Percentage of males age 21 to 75 years and females age 40 to 75 years with clinical ASCVD who were prescribed a <b>high-intensity or moderate-intensity statin</b> and at least 80% adherent in the treatment period
Exclusions*	<ul style="list-style-type: none"> <li>• Pregnant</li> <li>• Cirrhosis</li> </ul>	<ul style="list-style-type: none"> <li>• End-stage renal disease</li> <li>• Myalgia, myositis, myopathy or rhabdomyolysis</li> <li>• Palliative care or hospice</li> </ul>

\*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:<sup>2</sup>

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 10–20 mg simvastatin 10 mg	atorvastatin 10–20 mg lovastatin 40 mg pravastatin 40–80 mg rosuvastatin 5–10 mg simvastatin 20–40 mg	atorvastatin 40–80 mg rosuvastatin 20–40 mg

#### References

1. Tsao CW, Aday AW, Almarazooq ZI, et al. Heart Disease and Stroke Statistics-2023 Update: A Report From the American Heart Association. *Circulation*. 2023;147(8):e93-e621.
2. 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.
3. Cardiovascular Disease and Risk Management. American Diabetes Association. *Diabetes Care* 2023;46(Supplement 1):S158–S190.
4. HEDIS MY 2023, Volume 2. National Committee for Quality Assurance (NCQA). Accessed on January 20, 2023.