

Statin Therapy for Patients with Cardiovascular Disease (SPC)

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Patient Profile

Members (males who are age 21 to 75 and females who are age 40 to 75 during the measurement year) who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and:

- ✓ Were dispensed at least one high-or-moderate-intensity statin medication; and
- ✓ Adhered to statin therapy for at least 80 percent of the treatment period.

Note: Members are identified by event or diagnosis.

Event	Diagnosis
Discharge from an inpatient setting with a myocardial infarction (MI) on the discharge claim. Coronary Artery Bypass Grafting (CABG), Percutaneous Coronary Intervention (PCI), or any other revascularization in any setting the year prior to the measurement year.	Identify members as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and the year prior to the measurement year: <ul style="list-style-type: none">• At least one outpatient visit, telephone visit, e-visit, or virtual check-in with an IVD diagnosis.• At least one acute inpatient encounter with an IVD diagnosis without telehealth.• At least one acute inpatient discharge with an IVD diagnosis on the discharge claim.

Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve a patient's lipid panel.

Work with your patients to identify possible barriers that would impact adherence to medication therapy and work to proactively resolve the issues, such as cost, timely refills, and remembering to take medication daily (to name a few).

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Statins and Health Disparity Awareness

Recent research published in JAMA Cardiology Journal, analyzed data they collected from 3,417 individuals between the ages of 40 and 75 with a risk of developing atherosclerotic cardiovascular disease (ASCVD) over a 10-year period. The study found that **Black and Hispanic adults are less likely to be prescribed statins than white and Asian adults.**

Statin Therapy		
High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy	
Atorvastatin 40-80 mg	Atorvastatin 10-20 mg	Pravastatin 40-80 mg
Amlodipine-atorvastatin 40-80 mg	Amlodipine-atorvastatin 10-20 mg	Lovastatin 40 mg
Simvastatin 80 mg	Rosuvastatin 5-10 mg	Fluvastatin 40-80 mg
Rosuvastatin 20-40 mg	Simvastatin 20-40 mg Ezetimibe	Pitavastatin 1-4 mg
Ezetimibe-simvastatin 80 mg	simvastatin 20-40 mg	



Measure Exclusions



Required exclusions:

- Palliative Care.
- Hospice.
- Frailty.
- Living in Long Term Care.
- Dispensed a dementia medication: Donepezil, Galantamine, Rivastigmine, Memantine, or Donepezil-memantine.

✕ Any time during the measurement year or the prior year:

- Members with a diagnosis of pregnancy.
- In vitro fertilization.
- Dispensed at least one prescription for clomiphene.
- End- Stage Renal Disease or dialysis.
- Cirrhosis.

✕ During the measurement year* :

- Myalgia.
- Myositis.
- Myopathy.
- Rhabdomyolysis.

* Medicare members only.

(continued)



Measure Codes

Common codes for exclusion:

✓ Muscular Pain

- **Myopathy:** G72.0, G72.2, G72.9.
- **Myositis:** N160.80, N160.811, N160.812, N160.819, N160.821, N160.822, N160.829, N160.831, N160.832, N160.839, N160.841, N160.842, N160.849, N160.851, N160.852, N160.859, N160.861, N160.862, N160.869, N160.871, N160.872, N160.879, N160.88, N160.89, N160.9.
- **Rhabdomyolysis:** N162.82.
- **Myalgia:** N179.1, N179.10, N179.11, N179.12, N179.18.

✓ Cirrhosis

- K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81.

✓ ESRD

- N18.5, N18.6, Z99.2.



Rationale

The rationale behind these recommendations is to promote ASCVD primary and secondary prevention in high-risk populations, such as patients with diabetes.

American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Management of Blood Cholesterol	Association (AHA)
Patient Risk Category	ACC/AHA Recommendation
Patients 40 to 75 years of age with diabetes and LDL-C \geq 70 mg/dL	A moderate-intensity statin
Patients 40 to 75 years of age without diabetes with LDL-C \geq 70 mg/dL and ASCVD risk \geq 7.5%	A moderate-intensity statin
Patients with severe hypercholesterolemia (LDL-C level \geq 190 mg/dL)	A high intensity statin
Patients with established clinical ASCVD	A high intensity statin



We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.

References:

Grundy SM, Stone NJ, Bailey AL, Beam C, Birtcher KK, Blumenthal RS, Braun LT, de Ferranti S, Faiella-Tommasino J, Forman DE, Goldberg R, Heidenreich PA, Hlatky MA, Jones DW, Lloyd-Jones D, Lopez-Pajares N, Ndumele CE, Orringer CE, Peralta CA, Saseen JJ, Smith SC Jr, Sperling L, Virani SS, Yeboah J. 2018 AHA/ACC/ AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA. Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2018; 0:1-120. DOI: 10.1161/CIR.0000000000000625. Jacobs JA, Addo DK, Zheutlin AR, et al.

Prevalence of Statin Use for Primary Prevention of Atherosclerotic Cardiovascular Disease by Race, Ethnicity, and 10-Year Disease Risk in the US: National Health and Nutrition Examination Surveys, 2013 to March 2020. *JAMA Cardiol*. Published online March 22, 2023.