Statin Therapy for Patients with Cardiovascular Disease Tip Sheet

What is the CMS Star Rating Program?
CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and healthcare system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at medicare.gov to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description   Weight: 1
Measure 1: This measure shows the percent of plan members with heart disease who get the right type of cholesterol-lowering drugs.   **Measure 2:** This measure shows the percent of plan members with heart disease who get the right type of cholesterol-lowering drugs and/or who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Measure Source
- Claims.   1/1 – 12/31.

Stars/Quality Specifications
The percentage of males 21–75 years of age and females 40–75 years of age 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 during the measurement year.   **Two rates are reported:**   **Measure 1 – weight of 1:** Received Statin Therapy   - Members who were dispensed at least one high or moderate intensity statin medication during the measurement year.   **Measure 2 – weight of 3:** Statin adherence 80%.   - Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Best Practice/Call to Action
- Patients with the following should be on a statin: - Any form of clinical ASCVD.   - Primary LDL-C levels of 190 mg per dL or greater.   - Diabetes mellitus, 40 to 75 years of age, with LDL level of 70 to 189 mg per dL.   - Without diabetes, 40 to 75 years of age, with an estimated 10-year ASCVD risk of at least 7.5%.   - Statins have notable drug interactions with: - Verapamil or diltiazem which are calcium channel blockers (used to treat high blood pressure or migraines).   - Antiarrhythmic drugs of amiodarone or digoxin.   - Some antibiotics.   - Some antifungals.   - Some antivirals.

Coding and Documentation Tips

Exclusion Codes that must be coded annually:
- **G72.0:** Drug Induced myopathy.
- **G72.9:** Myopathy, unspecified.
- **M62.82:** Rhabdomyolysis.
- ESRD or dialysis during the measurement year or the year prior to the measurement year (example N18.6).
- Cirrhosis during the measurement year or the year prior to the measurement year (example K74.69).
- Pregnancy or In Vitro Fertilization.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.

Members may be excluded from this measure due to frailty and/or advanced illness codes. Click the following link to review the master code list for exclusions: Exclusion Codes

Medications

2018 Cholesterol Clinical Practice Guidelines: Executive Summary

Table 3. High-, Moderate-, and Low-Intensity Statin Therapy*

	High Intensity	Moderate Intensity	Low Intensity
LDL-C lowering†	≥50%	30%–49%	<30%
Statins	Atorvastatin (40 mg‡) 80 mg Rosuvastatin 20 mg (40 mg)	Atorvastatin 10 mg (20 mg) Rosuvastatin (5 mg) 10 mg Simvastatin 20–40 mg§	Simvastatin 10 mg
	...	Pravastatin 40 mg (80 mg) Lovastatin 40 mg (80 mg) Fluvastatin XL 80 mg Fluvastatin 40 mg BID Pitavastatin 1–4 mg	Pravastatin 10–20 mg Lovastatin 20 mg Fluvastatin 20–40 mg

*Table Reference from AHAjournals.org

If an alternative option is needed due to side effects, consider rosuvastatin (Crestor) as it has a more favorable drug interaction profile, high potency, can be used less frequently (2-3x weekly).

If you have any questions, please contact your Provider Relations Specialist.