

## Medication Best Practices – Focus on Statin Therapy

The Centers for Medicare & Medicaid Services (CMS) publishes the Medicare Part C and D Star Ratings each year to measure the quality of services received by patients enrolled in Medicare Advantage and Prescription Drug Plans. Two of those quality measures – ***Statin Use in Persons with Diabetes (SUPD) and Statin Therapy for Patients with Cardiovascular Disease (SPC)*** – are supported by guidelines from the American College of Cardiology/American Heart Association. The SUPD measure further aligns with the American Diabetes Association (ADA) in recommending a statin for patients, age 40-75 years old with diabetes to help prevent atherosclerotic cardiovascular disease (ASCVD).

### Patient Story

The SoNE Pharmacy Team works directly with patients and providers to help resolve issues that prevent our patients from following their care plans. Our SoNE clinical pharmacist performed a medication reconciliation with a 49-year-old patient with a history of NSTEMI and CAD, who was appropriately prescribed atorvastatin 80mg daily in November of 2020. According to pharmacy claims data, we discovered that the patient had not refilled his atorvastatin in over 8 months.

The clinical pharmacist outreached the patient and found he thought he was taking it but due to his complex medication regimen had lost track of his refills. The SoNE clinical pharmacist helped the patient switch his medications to mail order pharmacy and sign up for automatic refills so that he no longer had to keep track on his own. Our team reviewed all of his medications and provided additional coaching to ensure he understood his medication regimen and created a plan he could follow.

Your SoNE pharmacists are available to help address many barriers that patients face to adhering to their prescribed medications.

### Common Misses in Past Years

Common reasons that patients do not take statin medication are described below.

Missed Opportunity	Common Scenarios	How SoNE Pharmacists can help
Patient social indicators of health (SIOH) preventing access to prescriptions	<ul style="list-style-type: none"> <li>• Patient does not have transportation to medical appointment and/or pharmacy</li> <li>• Medication is unaffordable</li> </ul>	<ul style="list-style-type: none"> <li>• Switch to mail-order pharmacy</li> <li>• Review formulary and recommend a clinically appropriate alternative</li> <li>• Refer to Community Health Worker (CHW) to help with making appointments, finding transportation, and providing reminders</li> </ul>
Patient not prescribed statin in accordance with current guidelines	<ul style="list-style-type: none"> <li>• Patient is on fenofibrate or fish oil instead of statin</li> <li>• LDL &lt;70 or diabetes is well controlled</li> <li>• Mild elevations in liver enzymes &lt;3x ULN</li> </ul>	<ul style="list-style-type: none"> <li>• Provide the most recent peer-reviewed literature and clinical guidelines applicable to specific patient population</li> <li>• Review lab results and recommend a safe statin with appropriate dosing and monitoring frequency</li> </ul>

Exclusions not coded and documented annually	<ul style="list-style-type: none"> <li>• Myopathy G72.0</li> <li>• Prediabetes R73.03</li> </ul>	<ul style="list-style-type: none"> <li>• Recommend an ICD-10 code to be documented within a billable encounter within the measurement year to exclude patient from performance measure</li> </ul>
Patient refuses statin	<ul style="list-style-type: none"> <li>• Cholesterol is “good”</li> <li>• Misconceptions/fear about side effects</li> <li>• Pill burden</li> </ul>	<ul style="list-style-type: none"> <li>• Provide patient education by telephone and/or mailing about ASCVD risk reduction</li> <li>• Review medications to determine if another med can be deprescribed if not adding benefit</li> </ul>
Specialist/PCP recommending statins but not being prescribed	<ul style="list-style-type: none"> <li>• Different EMR systems</li> <li>• Miscommunication</li> <li>• Other competing priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacist reviews notes/calls offices to ensure all providers are aligned with care plan</li> <li>• Provider can defer statin conversation to pharmacist and can give ok to send prescription for statin. Warm hand-offs encouraged</li> </ul>

### Best Practices

We want to remind you of some common best practices for prescribing statins for patients:

1. Review appropriateness for statin therapy every year and document your conversation with the patient.
2. Educate patients about the purpose of statins beyond cholesterol levels and how important they are to reduce heart attacks and strokes. Diet and exercise should be used *in addition* to statin therapy in patients with diabetes and/or established ASCVD.
3. Assess for muscle aches *before* starting a statin. If a patient experiences myalgias after starting a statin, try a lower dose or a different statin. Use this online tool <https://tools.acc.org/StatinIntolerance>. If patient has intolerance to 3 or more statins, use an exclusion code to remove them from the measure such as G72.0 drug-induced myalgias. Document and code for this *each* year in a billable encounter.
4. If patients have trouble managing their medications or need a comprehensive medication review, consider a **referral to your SoNE clinical pharmacist**. This service is free.

### References:

1. Center for Medicare and Medicaid Services Star Ratings Fact Sheet 2023. Accessed August 29, 2023 at: <https://www.cms.gov/files/document/2023-star-ratings-technical-notes.pdf>
2. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. J Am Coll Cardiol. 2019 Jun, 73 (24) e285-e350.
3. American Diabetes Association; *Standards of Medical Care in Diabetes—2023* Abridged for Primary Care Providers. Clin Diabetes 2023;41(1):4–31. <https://doi.org/10.2337/cd22-as01>