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# GLIN

Others tweak, we transform.

May 2022

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## PHARMACYFACTOR

Lipid Guideline Update



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# Drug Information Update

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## THE LATEST QUESTIONS

### **What is the prevalence of interstitial lung disease (ILD) with statin use?**

ILD attributed to statin use was first described in 1995 and since then, there have been 16 published case reports and 162 cases of statin induced ILD. A cohort and case-control study found no association between statin use and ILD.

The COPDGene study found 38% of subjects with ILD were taking statins compared with 27% of subjects without ILD. However, all participants were smokers. The association between statin use and of interstitial lung abnormalities (ILA) vary by statin type. The prevalence of ILA varied from 8% in subjects on simvastatin to 23% for subjects on pravastatin. There was evidence that statins with increased hydrophilicity (rosuvastatin and pravastatin) were associated with an increase in the odds for ILA. Pravastatin was the statin most strongly associated with ILA.

# Lipid Guideline Update

## STATIN INTENSITY AND CLINICAL INDICATION FOR USE

	High-Intensity Statins	Moderate-Intensity Statins	Low-Intensity Statins
Appropriate Statin Patient Populations	<ul style="list-style-type: none"> <li>Patients 20 to 75 years of age with LDL <math>\geq</math>190mg/dL</li> <li>Patients 40 to 75 years of age with diabetes <b>AND</b> multiple ASCVD risk factors</li> <li>Patients with clinical ASCVD</li> </ul>	<ul style="list-style-type: none"> <li>Patients 40 to 75 years of age with diabetes (regardless of ASCVD risk)</li> <li>Patients 40 to 75 years of age with a 10-year ASCVD of <math>\geq</math>7.5%</li> </ul>	<ul style="list-style-type: none"> <li>Not recommended unless high or moderate intensity is not tolerated</li> </ul>
Hydrophilic Statins (↓ Potential for Adverse Effects)	Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg Pravastatin 40-80 mg	Pravastatin 10-20 mg
Lipophilic Statins (↑ Potential for Adverse Effects)	Atorvastatin 40-80 mg	Atorvastatin 10-20 mg Simvastatin 20-40 mg Lovastatin 40 mg Pitavastatin 2-4 mg	Simvastatin 10 mg Lovastatin 20 mg Pitavastatin 1 mg

## 2022 STATIN QUALITY METRICS

### Statin Therapy for Patients with Cardiovascular Disease

Received Statin Therapy

80% Adherence

#### Who is included in this metric?

Male patients ages 21 to 75 and female patients ages 40 to 75 who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high-intensity or moderate-intensity statin medication.

### Statin Therapy for Patients with Diabetes

Received Statin Therapy

80% Adherence

#### Who is included in this metric?

Active diabetic patients ages 40 to 75 without a diagnosis of ASCVD and who are dispensed one statin of ANY intensity.

## BEST PRACTICES TO IMPROVE STATIN QUALITY METRIC

- Counsel patient on benefits of initiating and adhering to statin such as reduced risk of cardiovascular disease and death
- Use 90 day supplies on generic medications whenever possible to prevent missed monthly refills
- Suggest use of medication reminder applications, alarms, and/or pillboxes to improve adherence
- Send cancelation requests to pharmacy with any changes in medications or dose to ensure outdated scripts are not refilled accidentally
- Utilize medication adherence reports from payers to identify non-adherent patients
- Medent Users – Use the “Import RX History” feature to review prescription fill history for your patients during appointments to encourage compliance

## CONSIDERATIONS WHEN PATIENT REPORTS STATIN INTOLERANCE

The American College of Cardiology has developed a tool to help assess, treat, and manage patients with possible statin intolerance. If statin tolerance is noted, consider some of the following medical decisions:

### [STATIN INTOLERANCE TOOL](#) →

- Evaluate other causes of muscle symptoms such as physical activity, vitamin D deficiency, hypothyroidism, rheumatologic or musculoskeletal disease, alcohol or drug abuse, and/or other causes of leg cramps
- Consider potential drug-drug interactions and avoid when appropriate. Medications to consider include macrolides, fibrates, diltiazem, protease inhibitors, and antifungals
- Determine if a “statin holiday” is appropriate and if symptoms persist following discontinuation, may consider ruling out statins as causative agent
- Retrial statins at lower doses or alternate-day dosing and titrate as necessary
- Consider switching from a lipophilic statin to a hydrophilic statin such as rosuvastatin or pravastatin which are typically better tolerated

## WHAT IF A PATIENT CANNOT TOLERATE A STATIN DESPITE ADEQUATE TRIAL?

Providers can exclude a patient from the quality metric by submitting a claim ANNUALLY at the time of the visit using one of the following ICD-10 codes when appropriate.

### Condition & ICD-10 Code

#### **Myalgia**

M79.1, M79.10-M79.12, M79.18

#### **Myositis**

M60.80-M60.819; M60.821-M60.829; M60.831-M60.839; M60.841-M60.849; M60.851-M60.859; M60.861-M60.869; M60.871-M60.879; M60.88-M60.9

#### **Myopathy**

G72.0, G72.2, G72.9

#### **Rhabdomyolysis**

M62.82

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