

Statin Therapy Measures Tip Sheet

Statin Therapy for Pts with Diabetes (SPD)

Measure Description: The % of patients 40-75yrs with a diagnosis of Diabetes during the measurement year who do not have Atherosclerotic Cardiovascular Disease (ASCVD).

Measure Goal: Dispensed at least one statin therapy of any intensity during the measurement year.

Inclusion Criteria: Patient medical claim and or pharmacy data. Any LDL result is inclusive.

Statin Therapy for Pts with Cardiovascular Disease (SPC)

Measure Description: The % of males 21-75yrs and females 40-75yrs with a diagnosis Atherosclerotic Cardiovascular Disease (ASCVD).

Measure Goal: Dispensed at least one statin therapy of moderate or high intensity during the measurement year.

Inclusion Criteria: Patient with MI, CABG, PCI, or diagnosis of Ischemic Vascular Disease (IVD). Any LDL result is inclusive.

Statin Use for Pts with Diabetes (SUPD)

Measure Description: The % of Medicare patients 40-75yrs with a diagnosis of Diabetes.

Measure Goal: Dispensed at least one statin therapy med of any intensity during the measurement year.

Inclusion Criteria: Patient medical pharmacy claim data only (at least 2 diabetes medication fills)

Exclusions: ESRD or Hospice.

Moderate Intensity Statin		High Intensity Statin	
Name of Drug	Dosage	Name of Drug	Dosage
Atorvastatin	10-20 mg	Atorvastatin	40-80 mg
Amlodipine-atorvastatin	10-20 mg	Amlodipine-atorvastatin	40-80 mg
Ezetimibe-simvastatin	20-40 mg	Ezetimibe-simvastatin	80 mg
Fluvastatin	40-80 mg	Rosuvastatin	20-40 mg
Lovastatin	40 mg	Simvastatin	80mg
Pitavastatin	2-4 mg		
Pravastatin	40-80 mg		
Rosuvastatin	5-10 mg		
Simvastatin	20-40 mg		

Codes to submit for Statin Intolerance (Use for SPD & SPC only)

Exclusion Criteria: Cirrhosis, Myalgia, Myositis, Myopathy, Rhabdomyolysis, ESRD, Pregnant, ≥66 living in institutional or SNF setting, ≥81 with frailty claim, dispensed dementia medication and hospice.

Cirrhosis	Muscular Pain & Disease	End Stage Renal Disease
K70.30 Alcoholic cirrhosis of liver w/o ascites	G72.0 Drug induced myopathy	N18.5 Chronic Kidney Disease, stage 5
K70.31 Alcoholic cirrhosis of liver with ascites	G72.2 Myopathy due to other toxic agents	N18.6 End Stage Renal Disease
K71.7 Toxic liver with fibrosis & cirrhosis of liver	G72.9 Myopathy, unspecified	Z99.2 Dependence on Renal Dialysis
K74.3 Primary biliary cirrhosis	M60.80 Other myositis, unspecified site	
K74.4 Secondary biliary cirrhosis	M60.89 Other myositis, multiple sites	
K74.5 Biliary cirrhosis, unspecified	M60.9 Myositis, unspecified	
K74.60 Unspecified cirrhosis of liver	M62.82 Rhabdomyolysis	
K74.69 Other cirrhosis of liver	M79.1 Myalgia	
P78.81 Congenital cirrhosis (of liver)	M79.10 Myalgia, unspecified site	
	M79.18 Myalgia, other site	

How to Improve Statin Compliance?

Encourage patients to use their Health Plan Insurance Card (BCBSM, BCN, HAP, Humana, etc.) so re-fills count.

This helps the insurance carrier to:

- Provide better quality of care; a complete list of all the patients' medications helps improve their overall quality of care
- Ensure greater safety; each drug claim is reviewed for safety factors including possible drug interactions, inappropriate dosages and duplicate medications
- Avoid fraud

What to do if Cash Claim is suspected or identified?

If you note/suspect that a patient is paying cash for a statin and not using their BCBSM pharmacy card, please do the following steps:

1. Notify your Beaumont ACO coordinator if this is suspected and provide details (Patient Name, DOB, Rx Name/Dosage), so that data can be reviewed first.
2. If data shows patients did not fill Rx, contact patient and ask if they used their health insurance card when picking up re-fill. If not, ask them to bring in their prescription bottle so that the pharmacy and fill date can be identified. Transfer this information to the Statin Cash Claim form and send to your Beaumont ACO coordinator.
3. The Beaumont ACO coordinator will submit the Statin Cash Claim form to the following:
 - a. **BCBSM PPO:** RxQualityPrograms@bcbsm.com or fax 866-314-2788
 - b. **BCBM MA PPO:** KMoon@bsbsm.com or fax 866-314-2788
 - c. **BCNA:** KMoon@bsbsm.com or fax 866-314-2788