

Statin Use Measures



At Wellcare By `Ohana Health Plan, we value everything you do to deliver quality care to our members – your patients. We appreciate your commitment to their positive healthcare experience.

Quality Measures

Below are two examples of Centers for Medicare and Medicaid Services Star measures which use statin therapy to evaluate health plans.

Quality Measure	Description
Statin Use in Persons with Diabetes	Percentage of patients aged 40–75 years with at least 2 diabetes medications dispensed who also received a statin medication fill during the year.
Statin Therapy for Patients with Cardiovascular Disease	Percentage of males aged 21–75 years and females aged 40–75 years who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the year.
Exclusions	End-stage renal disease (ESRD), Hospice

Action

For your convenience, we have listed the moderate and high-intensity statin medications. Please visit www.wellcare.com to see a list of covered statins under your patient's plan.

High-Intensity	Moderate-Intensity
atorvastatin 40, 80 mg	lovastatin 40 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg
	simvastatin 20, 40 mg
	atorvastatin 10, 20 mg
	rosuvastatin 5, 10 mg

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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

Patient Risk Category	ACC/AHA Recommendation
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Patients 40-75 years of age with diabetes and LDL-C \geq 70 mg/dL	A moderate-intensity statin
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Patients 40-75 years of age without diabetes with LDL-C \geq 70 mg/dL and ASCVD risk \geq 7.5%	A moderate-intensity statin
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Patients with severe hypercholesterolemia (LDL-C level \geq 190 mg/dL)	A high intensity statin
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Patients with established clinical ASCVD	A high intensity statin
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We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference

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.

