

Statin Use in Persons with Diabetes

Topic	Explanation
Measure Type	Static Star Measure
Description of the Measure	Percentage of members who were dispensed medications for diabetes and a statin medication.
Eligible Population	<ul style="list-style-type: none"> Members aged 40 to 75* as of the first day of the measurement year who were dispensed two or more prescription fills on two or more different dates of service for a hypoglycemic agent during the measurement year. Monotherapy of either dapagliflozin or empagliflozin will not pull members into this measure's denominator. The index prescription for the first hypoglycemic medication must occur at least 90 days prior to the end of the measurement year for denominator inclusion. <p>* Members who turn 76 within the measurement year require a Part D statin fill prior to turning 76 for health plan compliance.</p> <p>*PQA removed dapagliflozin and empagliflozin single ingredient products from the measure- because dapagliflozin and empagliflozin are sodium- glucose cotransporter 2 (SGLT2) inhibitors, which were recently approved for use in reducing the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure (New York Heart Association) with reduced ejection fraction.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> The exclusion diagnosis must be submitted via claims data in an encounter during the measurement year to exclude the member. Members with rhabdomyolysis or myopathy. Most common codes to identify myopathy and myalgia: G72.0, G72.2, G72.9, M60.9, M62.82 Members with a diagnosis of pregnancy, lactation, or fertility. Members with a diagnosis of cirrhosis. Most common codes to identify cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.69 Members with a diagnosis of prediabetes. Members with a diagnosis of polycystic ovarian syndrome (PCOS). Members with end-stage renal disease. Members in hospice any time during the measurement year.
Compliant Member	Members who filled at least one ambulatory prescription fill for a statin or statin combination during the measurement year. For those members who age into Medicare Advantage during the measurement year, a Medicare Part D claim must be received.
How to Submit to Highmark Inc.	Only one pharmacy claim is required. This measure is only captured via a pharmacy claim at the point of sale that is adjudicated via the Part D benefit (member must show their ID card).

Best Practices	<ul style="list-style-type: none"> • Identify all patients who are non-compliant in measure. • Ensure that provider prescribes appropriate medication. • Educate diabetic patients on the increased risk of cardiovascular disease, so that they may understand the benefits of statin therapy in reducing their risk of stroke, heart attack, and cardiovascular death. • Prep chart to ensure that provider discusses ongoing compliance. • Scour chart to identify any exclusions for this measurement year. New exclusion reports are posted to the User Interface which can assist to identify historical exclusions to consider. The exclusion diagnosis must be submitted via claims data in an encounter during the measurement year to exclude the member. Exclusions for this measure need to be submitted each calendar year.
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Best Practices (continued)	<ul style="list-style-type: none">• Provide ongoing patient outreach to those showing as non-compliant.• Identify reason for non-compliance and attempt to resolve.• Consider statins with fewer drug interactions such as rosuvastatin, pravastatin, and fluvastatin to reduce risk of adverse events.✦ Consider effective but low-cost treatment options that are on Tier 1 of the Highmark Medicare Part D formularies.• Patients who do not tolerate one statin may be able to tolerate a different statin.• Be proactive. Evaluate practice processes for opportunities to close gaps every time the patient is seen rather than reacting to gap closure reports.• Utilize Highmark’s predesigned member letter templates and other informational resources that are located on the Provider Resource Center.									
Other	<p>Samples, paying in cash, and using discount cards will not generate an insurance claim. These patients will appear as non-compliant with the measure. Encourage patients to utilize their insurance card, as this may help to identify other services that may be beneficial to them.</p> <p>Statin Medications</p> <table><tr><th>Description</th><th colspan="2">Prescription</th></tr><tr><td>Statin Medication</td><td><ul style="list-style-type: none">• Atorvastatin• Fluvastatin• Lovastatin</td><td><ul style="list-style-type: none">• Pitavastatin• Pravastatin• Rosuvastatin• Simvastatin</td></tr><tr><td>Statin Combination Products</td><td><ul style="list-style-type: none">• Atorvastatin and amlodipine• Ezetimibe and simvastatin</td><td><ul style="list-style-type: none">• Niacin and lovastatin• Niacin and simvastatin</td></tr></table> <p>Bolded drug names are available on all formularies as low-cost generics. Note: The active ingredients are limited to oral formulations only.</p>	Description	Prescription		Statin Medication	<ul style="list-style-type: none">• Atorvastatin• Fluvastatin• Lovastatin	<ul style="list-style-type: none">• Pitavastatin• Pravastatin• Rosuvastatin• Simvastatin	Statin Combination Products	<ul style="list-style-type: none">• Atorvastatin and amlodipine• Ezetimibe and simvastatin	<ul style="list-style-type: none">• Niacin and lovastatin• Niacin and simvastatin
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Key Additional Resources

Additional information specific to this measure can be found on the Provider Resource Center under **Value-Based Reimbursement Programs Overview**, in the **Medicare Advantage Stars** section.

Information on formulary medications and Utilization Management restrictions can be found in the **Pharmacy Program/Formularies** section on the Provider Resource Center.