



120 Fifth Ave. Pittsburgh, PA 15222-3099

July 2019

<Doctor or Practice Name>

<Practice Name>

<Address 1>

<Address 2>

<City, State ZIP>



## Dear Doctor,

Highmark medical and prescription drug claims indicate that your patient may have a diagnosis of diabetes and/or atherosclerotic cardiovascular disease. The use of statin therapy in patients with **either or both** of these comorbidities has been shown to reduce the risk of cardiovascular disease in patients with diabetes regardless of LDL levels and to reduce complications in those who have atherosclerotic cardiovascular disease.<sup>1,2</sup> To optimize clinical outcomes for your patients, **please consider adding statin therapy** to your patient's medication regimen, if clinically appropriate.

<Patient Name, Last Name, Date of Birth>

<Call to Action>

Please be reminded that if your patient has a diagnosis of **atherosclerotic cardiovascular disease**, a statin therapy of **moderate or high intensity** is recommended by the American College of Cardiology and the American Heart Association to prevent associated risks.

This letter is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Highmark does not follow-up with patients on medical care, diagnosis, or treatment. You, as the patient's physician, should determine the appropriate treatment and follow-up with your patient.

Highmark's Medicare Advantage Drug formularies cover a variety of statins that are safe, effective, and affordable. Moderate- and high-intensity statins are even available on the Preferred Generic tier of your patient's formulary. Preferred Generics are the lowest tiered medications offered and out-of-pocket costs may be as low as \$0 during the Initial Coverage Period, depending on your patient's Part D prescription drug benefit.

Please reference the table below for a listing of statins covered on Highmark's Medicare Advantage Drug formularies.

	<b>High-Intensity</b> <i>Daily Dose lowers LDL-C &gt;50%</i>	<b>Moderate-Intensity</b> <i>Daily dose lowers LDL-C 30% to 50%</i>	<b>Low-Intensity</b> <i>Daily Dose lowers LDL-C &lt;30%</i>
<b>Preferred Generic</b>	<b>Atorvastatin 40mg, 80mg</b> Simvastatin 80mg	<b>Atorvastatin 10mg, 20mg</b> <b>Lovastatin 40mg</b> <b>Pravastatin 40mg, 80mg</b> <b>Simvastatin 20mg, 40mg</b>	<b>Lovastatin 20mg, 10mg</b> <b>Pravastatin 10mg, 20mg</b> Simvastatin 5mg, 10mg
<b>Non-Preferred Generic</b>	<b>Rosuvastatin 20mg, 40mg</b>	<b>Rosuvastatin 10mg, 5mg</b>	—
<b>Non-Preferred Brand</b>	—	Pitavastatin* 2mg, 4mg	Pitavastatin* 1mg

\*LILAVO® (Pitavastatin) is a Non-Formulary drug on Highmark's Medicare Performance Formulary only.

LDL-C lowering capacity is an approximate and average estimated value based on randomized control trial data. Individual responses to statin therapy may vary. Bolded values represent statins and respective strengths that were evaluated in randomized control trials which showed reduction in major cardiovascular events.<sup>3</sup>

Additional medications may be covered depending on the member's formulary. Refer to individual formularies located at [www.highmarkblueshield.com/medicare](http://www.highmarkblueshield.com/medicare) for more information. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

Please know that there are options available for patients who have tried and failed statin therapy due to side effects, drug interactions, or contraindications.

- **Drug interactions/side effects** — Consider issuing a new script with a dose adjustment or using an alternative statin therapy. Clinical data suggests that the likelihood of adverse reactions is greatest with atorvastatin. Pravastatin, fluvastatin, rosuvastatin, and pitavastatin are less likely to have drug interactions because they are not metabolized via the CYP3A4 pathway.<sup>4</sup>
- **Comorbidities** — Lovastatin, rosuvastatin, and pravastatin are options for patients with cholestasis, hepatitis, encephalopathy, or jaundice. Atorvastatin and fluvastatin do not require dose adjustments and may be used in patients with severe renal impairment.<sup>5</sup>

On behalf of Highmark, we thank you for taking all of the necessary steps to promote health and wellness for our members.

Sincerely,



Thomas James, MD

Senior Medical Director, Highmark Clinical Services

#### References

- 1 2018 ACC/AHA Guidelines for the management of blood cholesterol: Executive summary. American College of Cardiology.
- 2 2018 American Diabetes Association Standards of Medical Care in Diabetes. <https://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>
- 3 Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129 (25 suppl (2)): S13
- 4 Management of statin myopathy. UpToDate. 2019
- 5 HMG-CoA Reductase (Statins) Drug Class Overview. *Clinical Pharmacology*. Elsevier 2019

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。