Tip Sheet: Overcoming barriers to Statin Therapy

Barrier	Solution
Myalgia	• Try a lower or less frequent dose, such as every other day (Zocor®) simvastatin or once weekly (Crestor®) rosuvastatin. [2,3,4,5] • Try a different statin that is more hydrophilic, such as pravastatin or fluvastatin.[6] These may be less likely to cause myalgia. • Try a brief period of discontinuation, then re-challenge with the same statin if it isn't contraindicated after symptoms resolve.[6]
Elevated liver enzymes	It's reasonable to re-initiate the same statin at a lower dose or try a different statin once liver function returns to normal.[8] This can be done safely alongside routine liver function test monitoring.
Patient has Type 1 diabetes	Americans Diabetes Association guidelines say the recommended prescribing criteria for statins should be considered for both Type 1 and Type 2 diabetes.[1]
Patient has LDL < 100 mg/dl	Statins are recommended in all patients with diabetes ages 40-75 regardless of their LDL level.[1] LDL levels should still be monitored, since an elevated LDL is a risk factor for CVD and monitoring can help determine the best dose for the patient. • LDL < 100 mg/dl – Moderate-intensity statin • LDL > 100 mg/dl – High-intensity statin If patient has LDL > 70 mg/dl and ASCVD, ADA guidelines recommend the use of maximally tolerated statin dose plus ezetimibe or PCSK9 inhibitor.[1]
"Risk Calculator" estimates a low 10-year atherosclerotic CVD risk	This tool has limited use in patients with diabetes since all patients ages 40-75 with diabetes should be considered for a statin.[1]
Drug interaction with concomitant medication	Simvastatin, lovastatin and atorvastatin are susceptible to the most drug interactions.[7] If initiating a medication that interacts, consider switching to a different statin with less potential for drug interactions such as pravastatin, rosuvastatin or fluvastatin.[7]

References
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6. Bitzur R, Cohen H, Kamari Y, et al. Intolerance to Statins: Mechanisms and Management. Diabetes Care. 2013 Aug; 36(Supplement 2): S325-S330. doi: 10.2337/dcS13-2038.
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8. Calderon RM, Cubeddu LX, Goldberg RB, Schiff ER. Statins in the Treatment of Dyslipidemia in the Presence of Elevated Liver Aminotransferase Levels: A Therapeutic Dilemma. Mayo Clinic Proceedings. 2010;85(4):349-356. doi:10.4065/mcp.2009

Submit ICD-10 codes if your patient can't tolerate a statin

The HEDIS® measures statin therapy for patients with cardiovascular disease (SPC) and statin therapy for patients with diabetes (SPD) have several exclusion criteria which can be coded to exclude the member from the measures. Common exclusion criteria and their corresponding ICD-10 codes are listed below:

- ESRD during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year.
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.

Cirrhosis

Code	Definition
K70.30	[K70.30] Alcoholic cirrhosis of liver without ascites
K70.31	[K70.31] Alcoholic cirrhosis of liver with ascites
K71.7	[K71.7] Toxic liver disease with fibrosis and cirrhosis of liver
K74.3	[K74.3] Primary biliary cirrhosis
K74.4	[K74.4] Secondary biliary cirrhosis
K74.5	[K74.5] Biliary cirrhosis, unspecified
K74.60	[K74.60] Unspecified cirrhosis of liver
K74.69	[K74.69] Other cirrhosis of liver
P78.81	[P78.81] Congenital cirrhosis (of liver)

Muscular pain and disease

Code	Definition
G72.0	[G72.0] Drug-induced myopathy
G72.2	[G72.2] Myopathy due to other toxic agents
G72.9	[G72.9] Myopathy, unspecified
M60.80	[M60.80] Other myositis, unspecified site
M60.89	[M60.89] Other myositis, multiple sites
M60.9	[M60.9] Myositis, unspecified
M62.82	[M62.82] Rhabdomyolysis
M79.1	[M79.1] Myalgia
M79.10	[M79.10] Myalgia, unspecified site
M79.18	[M79.18] Myalgia, other site

End stage renal disease

Code	Definition
N18.5	[N18.5] Chronic kidney disease, stage 5
N18.6	[N18.6] End stage renal disease
Z99.2	[Z99.2] Dependence on renal dialysis