

Help Your Patients with Diabetes Adhere to Statin Therapy Treatment



Health Net®

Use this tip sheet for best practices, and how to talk to your patients about why they need statins and how to track medications.

Statin Therapy for Persons with Diabetes (SUPD) measure

Target: Beneficiaries, ages 40-75, who were dispensed at least two diabetes medication (oral hypoglycemic or insulin) fills and also a statin medication fill during the measurement year.

Numerator compliance: At least one statin prescription (any intensity) dispensed in the measurement year.

Statin medications

- Atorvastatin
- Fluvastatin
- Lovastatin
- Pravastatin
- Simvastatin
- Rosuvastatin

COMBINATION PRODUCTS

- Atorvastatin and amlodipine
- Ezetimibe and simvastatin

Exclusions

- End-stage renal disease (ESRD)
- Hospice

Note: The SUPD measure does not allow exclusions for myalgia, myositis or rhabdomyolysis.

Patient barriers

Talking points

<p>My cholesterol is fine. I don't need a statin.</p>	<ul style="list-style-type: none"> • The American Diabetes Association® recommends ALL patients with diabetes should be considered for treatment with a statin regardless of low-density lipoprotein (LDL)-C levels (bad cholesterol). • Statins have shown to decrease heart attacks and stroke by 20%. • Patients with diabetes are 50% more likely to suffer from a heart attack or stroke.
<p>Last time I took a statin it made my muscles hurt.</p>	<ul style="list-style-type: none"> • Muscle pain with statins is very rare and occurs in only five in every 10,000 patients. • Statin-induced muscle pain usually occurs in the thighs and lower back (not the joints) and goes away after stopping a statin. • Statin-induced muscle pain occurs bilaterally so, if symptoms are unilateral, it may not be related to the statin.

Best practices: Consider a statin rechallenge in patients who previously took a statin and discontinued due to side effects.

Option 1	Option 2	Option 3
<p>Rechallenge the patient with a reduced dose of the same statin for 30 days.</p>	<ul style="list-style-type: none"> • Try a 30-day trial of a different statin. For patients that felt muscle pain, think about using a more water-soluble statin, such as pravastatin or rosuvastatin. They have shown to cause a reduced rate of muscle pain. 	<ul style="list-style-type: none"> • Try a 30-day trial of a high potency statin, such as atorvastatin or rosuvastatin using intermittent dosing every two or three days.

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PROVIDER COMMUNICATIONS

Medication adherence measures

Target: Beneficiaries, ages 18 and older, who had at least two fills of medication(s) on different dates of service and were 80% or more adherent to their medications.

Provider action: Prescribe a 90-day supply of medication when possible. Talk with your patients about staying on track with their prescribed medication throughout the year for the following medications.

Medications for	Medication type	
Cholesterol Atorvastatin, simvastatin, pravastatin, lovastatin, fluvastatin	<ul style="list-style-type: none"> Statin Statin combination medications 	Exclusions <ul style="list-style-type: none"> Beneficiaries enrolled in hospice any time during the measurement period. Beneficiaries who have ESRD.
Diabetes Metformin, glipizide, pioglitazone, acarbose, nateglinide, repaglinide	Biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetics, meglitinides, and SGLT2 inhibitors	Exclusions <ul style="list-style-type: none"> Beneficiaries who have a prescription claim for insulin in the measurement period. Beneficiaries enrolled in hospice any time during the measurement period. Beneficiaries who have ESRD.
Hypertension – renin-angiotensin system (RAS) antagonists Lisinopril, benazepril, enalapril, ramipril, moexipril, fosinopril, candesartan, irbesartan, losartan, valsartan, olmesartan	<ul style="list-style-type: none"> Ace inhibitors Angiotensin II receptor blockers (ARBs) Direct renin inhibitors 	Exclusions <ul style="list-style-type: none"> Beneficiaries who have a prescription claim for sacubitril/valsartan in the measurement period. Beneficiaries enrolled in hospice any time during the measurement period. Beneficiaries who have ESRD.

Patient barriers

Talking points

Medications cost too much.	<ul style="list-style-type: none"> Check for medications in a lower tier on Health Net's* formulary.
Can't remember to refill their medications.	<ul style="list-style-type: none"> Talk to your patients about how they can enroll in a refill reminder program with their pharmacy. If a patient has a smart device, have them download a free medication adherence app like Dosecast – Pill Reminder and Medication Tracker.
Hard to get to the pharmacy.	<ul style="list-style-type: none"> Have the patient check if their pharmacy offers delivery service. Ask the patient to check with family members or a caregiver for help.
Too many medications to track.	<ul style="list-style-type: none"> Ask the patient's pharmacy to synchronize medications so they are all filled on the same day. Encourage the use of a pillbox or calendar to help patients take their medications each day at the correct time.

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Best practices

Give 90-day prescriptions

- For chronic medications, prescribe a 90-day quantity with three refills.
- Patients can get 90-day refills through their mail-order pharmacy.

Review medications regularly

- During each visit, review all medications with the patient.
- When possible, remove medications no longer needed and reduce dosages.
- Check if higher cost medications can be changed to a Tier 1 using Health Net's formulary.
Note: To view Health Net's formulary, visit www.healthnet.com.

Check for understanding

- Make sure your patients know why you are prescribing a medication.
- Clearly explain what they are, what they do and how to manage potential side effects.