Cholesterol Tip Sheet

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10/17/2018 Ronald D Scott, MD

Four Statin Benefit Groups

1. **ASCVD, age 21–75, start rosuvastatin 20 mg**
2. **LDL ≥ 190, age 21-75, start rosuvastatin 20 mg**
3. **Diabetes Mellitus age 40-75:**

KPARE	recommendation
>=10	Start rosuvastatin 20 mg
7.5-9.9	Consider rosuvastatin 20 mg
5-7.4	Consider discussing rosuvastatin 10 mg
>=7.5	Start rosuvastatin 20 mg
< 7.5	Start rosuvastatin 10 mg

4. **by KPARE, age 40-75.**

- **KPARE: KP A**SCVD **R**isk **E**stimates 10-year risk of fatal or nonfatal MI or stroke. KPARE of 10% approximates ACC/AHA ASCVD risk of 16% at the population level. KPARE is superior in KPSC risk estimation and is in ABC (Aspirin, Blood Pressure, Cholesterol) KP Clinician Guides.
- More **LDL Lowering** results in more events prevented, including reducing mean LDL from 63 to 21 in meta-analysis.

Rosuvastatin 40 mg	63%	Atorvastatin 80 mg	53%
Rosuvastatin 20 mg	55%	Atorvastatin 40 mg	48%
Rosuvastatin 10 mg	47%	Atorvastatin 20 mg	41%
Rosuvastatin 5 mg 2x/WEEK + Ezetimibe 5-10 mg			40%

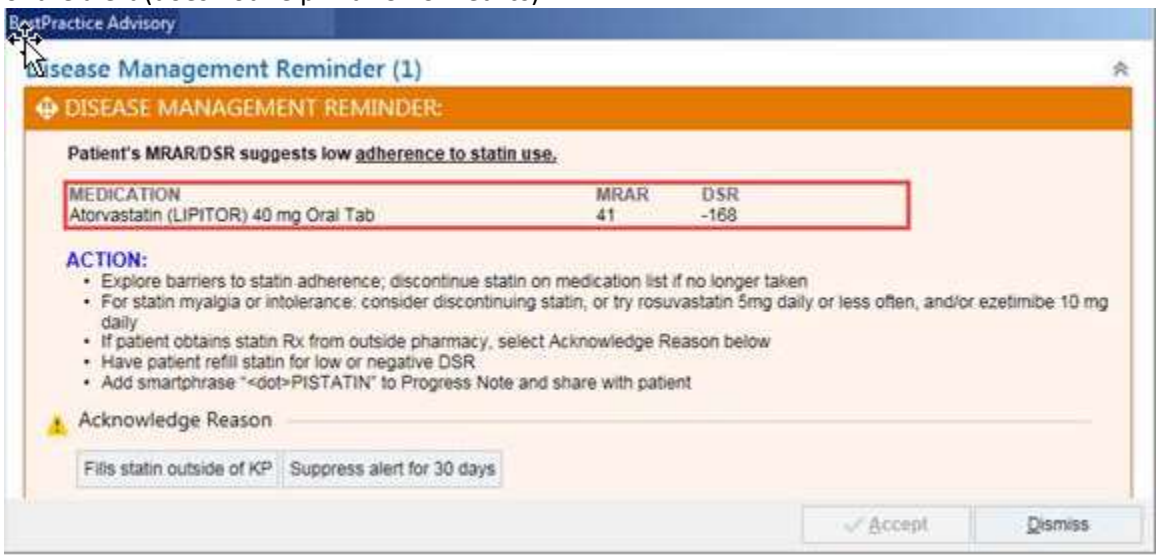
- **CKD:** For GFR <45 use atorvastatin. For GFR >=45 with albuminuria/proteinuria avoid rosuvastatin 40 mg daily.
- **In reproductive age women** encourage contraception while using statins. Statin metrics exclude women age < 40.

Additional Details

- **Clinical ASCVD** (Atherosclerotic Cardiovascular Disease) includes MI, angina, arterial revascularization, ischemic stroke, TIA, or peripheral arterial disease. It does not include Abdominal Aortic Aneurysm.
- **Subclinical Atherosclerosis**. Research shows KPSC aortic atherosclerosis is associated with mortality rates higher than event rate >10%, even if predicted risk is very low (<2%). Research also shows lower mortality associated with statin use in KPSC. Treat most members with aortic atherosclerosis as you would those with KPARE ≥10%.
- **Baseline ALT** is recommended prior to statin starts, and thereafter as clinically indicated.
- **LDL ≥ 190** workup may include ALT, TSH, alk phos, albumin, creatinine, hgb A1C, and repeat lipid panel (if first time LDL ≥ 190). Also consider anorexia, pregnancy, and medicines. High TG+LDL may respond more to diet change than isolated high LDL.
- **Age ≥ 76:** Tolerated statin doses may be continued or down titrated. Incorporate member preferences.
- **If starting doses of statins are not tolerated**, try lower dose and / or less frequent dosing, such as rosuvastatin 5 mg 2x a WEEK. To reduce statin muscle intolerance, treat hypothyroidism and low vitamin D.
- **Myalgia coding** (M79.1 and not history of myalgia) in provider office encounter during measurement year excludes a member from NCQA/HEDIS denominator. This may be used if muscle symptoms limit statin use or adherence in a member. Myalgia coding does not exclude from CMS Medicare 5 Star statin metrics.
- **Non-Statins:** For statin intolerance or insufficient response, consider ezetimibe. Consider evolocumab (Repatha) in those on maximum tolerated oral lipid lowering therapy (LLT) with 1) ASCVD and LDL ≥ 130, or 2) without ASCVD and LDL ≥ 160.
- **Order Lipid Panel** in KP at a minimum once age 20-39, and every 5 years in age 40-75. Lipid panel 4 to 12 weeks after statin start, and annually while on statins, helps demonstrate response and promote adherence.

Lipid, CV Risk Reduction Tools

- **Statin Adherence BPA** fires if Days Supply Remaining (DSR) is < -20, or (MRAR < 80 and DSR<0) in target populations. If you see the alert, please "explore barriers to statin adherence". For ASCVD and DM through age 75, myalgia coding is an option in the alert (NCQA). For adults age ≥65 on statins not in these cohorts, myalgia coding is not part of the alert (does not help with CMS metrics).



- **Decision support change to KPARE and to rosuvastatin is scheduled for November 21st, 2018.**
- **Clinical Care Reminders:** show messages at top of lab section during lab review for members that qualify for statin and have not filled.
- **Best Practice Alerts (BPAs)** checks statin benfit groups and includes lab workup for members with LDL >= 190.

- **Artery Graphic** is in ".PISTATIN" or ".PISTATINSP" Patient Instructions on statin adherence in English and Spanish. Also, pocket tear offs images with English or Spanish bullets available.

- **Toolbar** offers navigation options to Proactive Care risk tool.

- **Aspirin consensus statement:** In adults aged 50-59 years with KPARE ≥10% consider aspirin. No recommendation for age <50 or >= 60 for primary prevention aspirin use. Aspirin is still recommended for those with clinical ASCVD.
- See Complete Care website cc.kp.org, ASCVD section for the latest Tip Sheet, slide sets, and more resources.