Managing Statin-Related Muscle Pain

The Centers for Medicare and Medicaid Services (CMS) has created two new STAR measures related to prescribing statin medications for patients with either of the following conditions:

- Diabetes
- Atherosclerotic cardiovascular disease (ASCVD)

Adding a statin medication to help lower ASCVD risk instead of targeting a specific low-density lipoprotein level is a leading recommendation of both the American Diabetes Association and the American College of Cardiology/American Heart Association.

Muscular Pain and Disease Side Effect Considerations

Statin-associated muscle symptoms are one of the most common reasons patients stop taking statins on their own. Screening patients at increased risk for muscle symptoms may help you decide which statin product and dose may be the most likely to prevent or lessen these side effects.

The strongest risk factors for statin-induced myopathy include:

**Lifestyle Factors and Demographics**
- Age > 80
- Small body frame or frail build
- Consuming > 1 quart per day of grapefruit juice
- Excessive alcohol consumption
- Excessive physical activity

**Comorbidities and Medical History**
- Untreated hypothyroidism
- History of creatinine kinase elevation
- Multisystem disease (particularly diseases involving the liver and/or kidney)
- Personal history of unexplained cramps
- Personal or family history of myopathy while receiving another lipid-lowering therapy

Managing patients on statin therapy with muscular pain and disease includes reviewing their medical history for comorbidities and potential drug-to-drug interactions that could contribute to muscle symptoms.

Hydrophilic statins, like rosvastatin and pravastatin, have demonstrated reduced likelihood of muscle-related adverse effects when compared to lipophilic statins, like atorvastatin or simvastatin.

Consider prescribing lower doses of hydrophilic statins for patients with statin-related myalgia, myopathy or mild rhabdomyolysis.
Statin Therapy STAR Measures

Below are criteria for the STAR measures requiring statin therapy:

### Statin Use in People With Diabetes

**Inclusion Criteria**
People **40-75** years of age with at least two claims for any medication used to treat diabetes

### Statin Intensity

Individualize based on risk and patient-specific factors.

### Exclusion Criteria

- End-stage renal disease

### Statin Use in People With Cardiovascular Disease

**Inclusion Criteria**
Males **21-75** years of age or females **40-75** years of age identified as having clinical ASCVD, including:

- Diagnosis of ischemic vascular disease
- Myocardial infarction, coronary artery bypass grafting or a revascularization event, such as percutaneous coronary intervention

### Statin Intensity

At least moderate intensity based on risk and patient-specific factors:

- Atorvastatin ≥ 10 mg daily
- Fluvastatin ≥ 80 mg daily
- Lovastatin ≥ 40 mg daily
- Pravastatin ≥ 40 mg daily
- Rosuvastatin ≥ 5 mg daily
- Simvastatin ≥ 20 mg daily

### Exclusion Criteria

- Pregnancy, in vitro fertilization or clomiphene therapy within the past year
- Myalgia, myositis, myopathy or rhabdomyolysis
- End-stage renal disease
- Cirrhosis

All generic statins are included in the BlueCross Medicare Part D formulary. Atorvastatin, lovastatin, pravastatin, rosuvastatin and simvastatin are available at the lowest copay of $2.50 for a 90-day supply.