

Importance of Statin Therapy

Cardiovascular disease is the leading cause of mortality in the United States, with 48.6% of American adults (128 million) having at least one form of cardiovascular disease. A primary causal risk factor for the development of atherosclerotic cardiovascular disease (ASCVD) is cholesterol. Elevated levels of low-density lipoprotein cholesterol (LDL-C) are closely associated with cardiovascular risk and, therefore, the primary target of pharmacological treatment.¹ In a meta-analysis of 14 randomized trials, statin therapy resulted in a 21% reduction in ASCVD risk for each mmol/L reduction in LDL-C. Statin therapy is recommended by the American College of Cardiology (ACC), American Heart Association (AHA) and American Diabetes Association (ADA) as first-line treatment for the primary and secondary prevention of ASCVD in the following patient groups:^{2,3}

Group	Recommendation*
20–39 years with diabetes and ASCVD risk factors	Consider statin therapy
40–75 years with diabetes without ASCVD risk factors	Moderate-intensity statin
40–75 years with diabetes and ASCVD risk factors	High-intensity statin [†]
75 years or younger with ASCVD	High-intensity statin [‡]

*In patients who do not tolerate the intended statin intensity, the maximum tolerated statin dose should be used; [†]May add ezetimibe or proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor to maximum tolerated statin in those with multiple ASCVD risk factors and LDL-C of 70 mg/dL or higher; [‡]Add ezetimibe or PCSK9 inhibitor to maximum tolerated statin if LDL-C reduction of 50% or greater from baseline and LDL-C less than 55 mg/dL is not achieved

The National Committee for Quality Assurance (NCQA) promotes the importance of statin therapy through two Healthcare Effectiveness Data and Information Set (HEDIS) quality measures:⁴

	Statin Therapy for Patients with Cardiovascular Disease (SPC)	Statin Therapy for Patients with Diabetes (SPD)
Description	Percentage of members ages 21 to 75 years with clinical ASCVD who were prescribed a high- or moderate-intensity statin and at least 80% adherent in the treatment period	Percentage of members ages 40 to 75 years with diabetes and without clinical ASCVD who were prescribed a statin of any intensity and at least 80% adherent in the treatment period
Exclusions*	- Pregnant - End-stage renal disease - Palliative care or hospice - Cirrhosis - Myalgia, myositis, myopathy or rhabdomyolysis	

*Not a comprehensive list

How can I help improve performance?

- Code for exclusionary diagnoses in a timely manner.
- Consider the following formulary statins for your patients and evaluate medication adherence:²

Low-intensity Statins (lowers LDL-C by less than 30%)	Moderate-intensity Statins (lowers LDL-C by 30–49%)	High-intensity Statins (lowers LDL-C by 50% or greater)
lovastatin 20 mg pravastatin 10 mg, 20 mg simvastatin 10 mg	atorvastatin 10 mg, 20 mg lovastatin 40 mg pravastatin 40 mg, 80 mg rosuvastatin 5 mg, 10 mg simvastatin 20 mg, 40 mg	atorvastatin 40 mg, 80 mg rosuvastatin 20 mg, 40 mg

References

1. Martin SS, Aday AW, Allen NB, et al. 2025 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association. *Circulation*. 2025;151(25):e41–e660. doi:10.1161/CIR.0000000000001303.
2. Writing Committee Members, Blumenthal RS, Morris PB, et al. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. Published online March 13, 2026. doi:10.1161/CIR.0000000000001423
3. American Diabetes Association Professional Practice Committee. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2026. *Diabetes Care*. 2026;49(Supplement_1):S216–S245 doi:10.2337/dc25-S010.
4. National Committee for Quality Assurance (NCQA). HEDIS MY 2026, Volume 2. Technical Specifications for Health Plans.