

Statin Therapy for Patients with Cardiovascular Disease (SPC)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicaid
- Medicare

MEASURE DESCRIPTION

Percentage of male members 21-75 years of age and female members 40-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received Statin Therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

High-intensity statin therapy	Moderate-intensity statin therapy
<ul style="list-style-type: none"> • Atorvastatin 40–80 mg • Amlodipine-Atorvastatin 40-80 mg • Rosuvastatin 20–40 mg • Simvastatin 80 mg • Ezetimibe-Simvastatin 80 mg 	<ul style="list-style-type: none"> • Atorvastatin 10–20 mg • Amlodipine-Atorvastatin 10-20 mg • Rosuvastatin 5–10 mg • Simvastatin 20–40 mg • Ezetimibe-Simvastatin 20-40 mg • Pravastatin 40–80 mg • Lovastatin 40 mg • Fluvastatin 40 - 80 mg • Fluvastatin ER 80 mg • Pitavastatin 1-4 mg

EXCLUSIONS

Members are excluded if they:

- Have any of the following during the measurement year or the year prior to the measurement year:
 - End-stage renal disease (ESRD) or dialysis
 - Cirrhosis
 - A diagnosis of pregnancy
 - In vitro fertilization (IVF)
 - Dispensed at least one prescription for clomiphene

- Have any of the following during the measurement year:
 - Myalgia, myositis, myopathy, or rhabdomyolysis
 - Are Medicare members 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution
 - Are 66 years of age or older with advanced illness and frailty (for additional definition information, see the [Advanced Illness and Frailty Exclusions Guide](#))
 - Used hospice services, received palliative care, or died
- Have any of the following at any time during the member's history through the measurement year:
 - Myalgia or rhabdomyolysis caused by a statin

CODING

For exclusions, use the appropriate code:

Type	Code	Description
ICD-10 ⁱⁱ	M79.10, M79.11, M79.12, M79.18	Myalgia
	G72.0, G72.2, G72.9	Myopathy
	M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9	Myositis
	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81	Cirrhosis
	O00.101, O99.019, O99.210, O99.340, O99.810, O99.820, Z33.1, Z34.00, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93	Pregnancy
	M62.82	Rhabdomyolysis
	N18.5, N18.6, Z99.2	End-stage renal disease
CPT ⁱⁱⁱ	90935, 90937, 90945, 90947, 90997, 90999, 99512	Dialysis
SNOMED ^{iv}	16524291000119105, 16524331000119104, 16462851000119106, 787206005	Myalgia or rhabdomyolysis caused by a statin

TIPS FOR SUCCESS

Prescribing

- Educate patients on the importance of statin medications in reducing cardiovascular risk, regardless of cholesterol levels.
- Demonstrate risk for patients using a risk calculator tool, such as the American College of Cardiology's [ASCVD Risk Estimator Plus](#).
- Identify and resolve patient-specific adherence barriers or concerns, such as the statin's health benefits, side effects, cost, and timely refills.
- Consider working with your clinical support team to schedule a call or follow up to specifically address how the patient is tolerating the statin medication or discuss if they are having any questions or concerns.

- Once patients demonstrate they can tolerate statin therapy, encourage them to obtain 90-day supplies at their pharmacy.
- Consider prescribing a 90-day supply through mail order to improve medication adherence by reducing the need for frequent pharmacy visits.
- Develop a medication adherence plan with patient and advise them to set up reminders.
- Consider prescribing a low-cost generic statin medication to reduce potential financial burden.
- Consider prescribing at least 1 high-intensity or moderate-intensity statin medication during the measurement year to patients diagnosed with ASCVD.
- Communicate that statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve cholesterol reduction and reduce risk of cardiovascular events.
- Be aware that medication samples, when given, interfere with pharmacy claims and produce false non-adherence results.
- Encourage the use of pill boxes or medication organizers.

Symptom Management

Although muscle symptoms may occur, true statin intolerance is uncommon. Given the benefits of statins in ASCVD risk reduction for patients, clinicians should gain a thorough symptom history and determine if the patient is truly statin intolerant. Recommendations for statin intolerance issues include:

- Employ a statin intolerance tool, such as the [Statin Intolerance Tool](#) from the American College of Cardiology.
- Consider dose, frequency, or prescribing changes and rechallenge strategies if symptoms are reported.
- Remind patients to contact you if they think they are experiencing adverse effects to statins.
- Use SNOMED codes to reflect your patients' muscle reactions to statins and ensure these codes are sent to your health plan in EMR feeds.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans (2025), 120-126.

ⁱⁱ ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.

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^{iv} SNOMED codes are created and maintained by the International Health Terminology Standards Development Organization.