PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Statin Therapy for Patients with Cardiovascular Disease (SPC-E)

MEASURE DESCRIPTION

The percentage of members 21-75 years of age during the measurement period 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 period
- Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period[1]

High-intensity statin medication	Moderate-intensity statin medication
• atorvastatin 40-80 MG oral tablet • amlodipine 2.5-10 MG / atorvastatin 40 MG oral tablet • rosuvastatin calcium 20-40 MG oral tablet • simvastatin 80 MG oral tablet • ezetimibe 10 MG / simvastatin 80 MG oral tablet	• atorvastatin 10-20 MG oral tablet • amlodipine 5-10 MG / atorvastatin 10-20 MG oral tablet • rosuvastatin calcium 5-10 MG oral tablet • simvastatin 20-40 MG oral tablet • ezetimibe 10 MG / simvastatin 20-40 MG oral tablet • pravastatin sodium 40-80 MG oral tablet • fluvastatin 40 MG oral capsule • pitavastatin sodium 1-4 MG oral tablet • pitavastatin magnesium 2-4 MG oral tablet • pitavastatin calcium 1-4 MG oral tablet • 24 HR fluvastatin 80 MG extended-release oral tablet • 24 HR lovastatin 40-80 MG extended-release oral tablet

EXCLUSIONS

Members are excluded if the following apply:

Exclusion	Time frame
• Myalgia, myositis, myopathy or rhabdomyolysis • Date of death • Hospice or use of hospice services • Palliative care • 66 years of age or older with both frailty and advanced illness; for additional definition information, see the Advanced Illness and Frailty Exclusions Guide	Any time during the measurement period
• In vitro fertilization (IVF), pregnancy, or a prescription of clomiphene • End-stage renal disease (ESRD), cirrhosis, or dialysis	During the measurement period or the year prior to the measurement period
• Myalgia or rhabdomyolysis caused by a statin	Any time during the member's history through December 31 of the measurement period

CODING[2]

For exclusions, use the appropriate code:

Myalgia	
ICD10CM[3]	M79.10, M79.11, M79.12, M79.18

Myositis	
ICD10CM	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
Myopathy	
ICD10CM	G72.0, G72.2, G72.9
Rhabdomyolysis	
ICD10CM	M62.82
ESRD diagnosis	
ICD10CM	N18.5, N18.6
Cirrhosis	
ICD10CM	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
Dialysis procedure	
CPT® [4]	90935, 90937, 90945, 90947, 90997, 90999, 99512
HCPCS[5]	G0257, S9339
ICD10PCS	3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
IVF	
HCPCS	S4015, S4016, S4018, S4020, S4021
Pregnancy	
ICD10CM	[Codes not individually listed due to high volume]
Myalgia or rhabdomyolysis caused by a statin	
SNOMED[6]	787206005, 16462851000119106, 16524291000119105, 16524331000119104

TIPS FOR SUCCESS

Prescribing

- Educate patients on the importance of statin medications in reducing cardiovascular risk
- Demonstrate risk for patients using a risk calculator tool, such as the American College of Cardiology's ASCVD Risk Estimator Plus
- Begin with a low dose and gradually move to a higher dose to avoid side effects
- Identify and resolve patient-specific adherence barriers or concerns
- Schedule a follow-up to address how the patient is tolerating the statin medication
- Once patients demonstrate they can tolerate statin therapy, 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 patients and advise them to set up reminders
- 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 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
- Document all trials of statin medications and outcomes in detail for future discussions about statin retrial and identification of potential exclusions

Note: Tip sheets are regularly reviewed and revised with pertinent technical specification updates from NCQA.

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[1] National Committee for Quality Assurance. HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plans (2025), 567-573.
[2] This information is not intended as billing or legal guidance or for creating EMR extract files. These codes are proprietary and do not guarantee payment. Not all codes are included, and coding requirements may change. Each code should be used based on medical necessity and supported by proper documentation in the member record.
[3] ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). Copyright WHO.
[4] CPT ® is a registered trademark of the American Medical Association (AMA).
[5] HCPCS codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association).
[6] SNOWMED codes are created and maintained by the International Health Terminology Standards Development Organization.