Statin Therapy for Patients With Cardiovascular Disease (SPC)

Description of Measure

The percentage of males aged 21 – 75 and females aged 40-75 who are identified as having clinical atherosclerotic cardiovascular disease (ASCVD), and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year (MY).

The treatment period starts with the date of the first fill of the statin medication thru 31 Dec. MY.

Eligible Population

Members are identified by either of these two methods.

Event: Any of the following during Prior Year	Setting		
Myocardial Infarction (MI)	Inpatient discharge claim		
CABG	Any setting		
PCI	Any setting		
Other revascularization	Any setting		
IVD Diagnosis who had least one encounter both in prior year and measurement year			
ICD10	Setting		
I20.0, I20.29, I24.0, I24.89, I25.10, I25.110119, I25.56, I25.00799, I25.81084, I25.899, I63.2039, I63.50, I63.511 –I65.29, I66.019, I67.2, I70.1799, I70.92, I75.01189, T82.855A8565	Outpatient, Telehealth, Acute Inpatient		

Documentation

Required documentation of a statin being dispensed:

- Member name and DOB
- Dispensed date or shipped date within MY
- Medication name, dose, route, doses per day (sig) and quantity

Office visit with documentation of an exclusion.



Exclusions

Exclusions	Timeframe		
 Members in hospice or using hospice services Members who died Members receiving palliative care 	ny time during the MY		
 Pregnancy In vitro fertilization Clomiphene – 1 dispensing event 	Any time during the PY or MY		
ESRDDialysisCirrhosis	Any time during the PY or MY		
MyalgiaMyositisMyopathyRhabdomyolysis	Any time during the MY		
Members 66 years and older by Dec. 31 MY	 Frailty diagnosis in MY on 2 different DOS during the MY Advanced Illness: Either of the following during the MY or PY Advanced illness on 2 different DOS OR Dispensed a dementia medication 		
with Advanced Illness and Frailty. Members must meet BOTH advanced illness	Dementia Med Prescription Description		
and frailty criteria to be excluded.	Cholinesterase inhibitors • Donepezil • Galantamine • Rivastigmine		
	Misc. Central Nervous System Agents • Memantine		
	Dementia Combinations • Donepezil-memantine		



Condition	ICD-10-Code		
Myalgia	M79.10 – M79.12; M79.18		
Myositis	M60.80 – M60.819; M60.821 – M60.829; M60.831 – M60.839; M60.841 – M60.849; M60.851 – M60.859; M60.861- M60.869, M60.871 – M60.879; M60.88; M60.89		
Myopathy	G72.0; G72.2; G72.9		
Rhabdomyolysis	M62.82		
Cirrhosis	K70.30; K70.31; K71.7; K74.3 – K74.5; K74.60; K74.69; P78.81		
ESRD	N18.5; N18.6; Z99.2		

Medications

High-intensity Statin Therapy		Moderate-intensity statin therapy			
 Atorvastatin 40 – 80mg Amlodipine- atorvastatin 40 – 80mg Rosuvastatin 20 - 40mg Simvastatin 80mg Ezetimibe- simvastatin 80mg 		 Atorvastatin 10 - 20mg Amlodipine- atorvastatin 10 - 20mg Rosuvastatin 5 - 10mg Simvastatin 20 - 40mg Ezetimibe- simvastatin 20 - 40mg 	 Pravastatin 40 - 80mg Lovastatin 40mg Fluvastatin 40 – 80mg Pitavastatin 1 – 4mg 		
Tips for Success	 Education patients on the importance of statin medications in reducing cardiovascular risk, regardless of cholesterol levels. Start low, go slow' when starting patients on a statin to reduce potential for side effects and improve adherence. Consider decreasing the frequency of long-acting statins, rosuvastatin and atorvastatin, to every other day if the patient is unable to tolerate daily statin due to side effects. If it is desired to keep the patient on a statin, consider switching to pravastatin or fluvastatin as they are the least likely to cause muscle toxicity. In patients with chronic liver disease, who require a statin because of high cardiovascular risk, low dose pravastatin and abstinence from alcohol is recommended. Atorvastatin and fluvastatin are preferred in patients with severe renal impairment. 				

Resources

I. National Committee for Quality Assurance, HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans

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