

# 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) and who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.<sup>1</sup>

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 in PY or MY	Codes	Setting
<b>Myocardial Infarction (MI)</b>	ICD10: I21.01 – I21.B, I22.0 – I22.9, I23.0 – I23.8, I25.2, I25.6	Inpatient discharge claim
<b>CABG</b>	CPT: 33510 - 33514, 33516 - 33519, 33521 - 33523, 33530, 33533 - 33536 HCPC: S2205 - S2209	Any setting
<b>PCI</b>	CPT: 929200, 92924, 92928, 92933, 92937, 92941, 92943 HCPC: C9600 C9602, C9604, C9606, C9607	Any setting
<b>Other revascularization</b>	CPT: 27220 - 27231	Any setting

Diagnosis: At least one encounter with diagnosis in both PY and MY	ICD10 Codes	Setting
<b>IVD</b>	I20.0, I20.2 – I20.9, I24.0, I24.8 – I24.9, I25.10 – I25.119, I25.5, I25.6, I25.700 – I25.9, I63.20 – I63.29, I63.50 – I63.59, I65.01 – I65.29, I66.3 – I66.9, I67.2, I70.1, I70.201 – I70.799, I70.92, I75.011 – I75.89, I75.81, I75.89, T82.855A – T82.856S	<ul style="list-style-type: none"> <li>■ Outpatient or inpatient encounter</li> <li>■ Acute inpatient discharge</li> </ul>

# 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								
<ul style="list-style-type: none"> <li>Members who use or elect to use hospice services</li> <li>Members who died</li> <li>Members receiving palliative care</li> </ul>	Any time during the MY								
<ul style="list-style-type: none"> <li>Pregnancy</li> <li>In vitro fertilization</li> <li>Clomiphene – 1 dispensing event</li> </ul>	Any time during the PY or MY								
<ul style="list-style-type: none"> <li>ESRD</li> <li>Dialysis</li> <li>Cirrhosis</li> </ul>	Any time during the PY or MY								
<ul style="list-style-type: none"> <li>Myalgia</li> <li>Myositis</li> <li>Myopathy</li> <li>Rhabdomyolysis</li> </ul>	Any time during the MY								
<ul style="list-style-type: none"> <li>Myalgia caused by statin</li> <li>History of myalgia caused by statin</li> <li>Rhabdomyolysis due to statin</li> <li>History of rhabdomyolysis due to statin</li> </ul>	Anytime in the members history through Dec. 31 MY								
<p>Members 66 years and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH advanced illness and frailty criteria to be excluded.</p>	<ul style="list-style-type: none"> <li>Frailty diagnosis in MY on 2 different DOS during the MY</li> <li>Advanced Illness: Either of the following during the MY or PY               <ul style="list-style-type: none"> <li>Advanced illness on 2 different DOS</li> <li><b>OR</b> Dispensed a dementia medication</li> </ul> </li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Dementia Med Description</th> <th style="text-align: left;">Prescription</th> </tr> </thead> <tbody> <tr> <td>Cholinesterase inhibitors</td> <td> <ul style="list-style-type: none"> <li>Donepezil</li> <li>Galantamine</li> <li>Rivastigmine</li> </ul> </td> </tr> <tr> <td>Misc. Central Nervous System Agents</td> <td> <ul style="list-style-type: none"> <li>Memantine</li> </ul> </td> </tr> <tr> <td>Dementia Combinations</td> <td> <ul style="list-style-type: none"> <li>Donepezil-memantine</li> </ul> </td> </tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>Donepezil</li> <li>Galantamine</li> <li>Rivastigmine</li> </ul>	Misc. Central Nervous System Agents	<ul style="list-style-type: none"> <li>Memantine</li> </ul>	Dementia Combinations	<ul style="list-style-type: none"> <li>Donepezil-memantine</li> </ul>
Dementia Med Description	Prescription								
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>Donepezil</li> <li>Galantamine</li> <li>Rivastigmine</li> </ul>								
Misc. Central Nervous System Agents	<ul style="list-style-type: none"> <li>Memantine</li> </ul>								
Dementia Combinations	<ul style="list-style-type: none"> <li>Donepezil-memantine</li> </ul>								

Condition	ICD-10-Code
<b>Myalgia</b>	M79.10 – M79.12; M79.18
<b>Myositis</b>	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
<b>Myopathy</b>	G72.0; G72.2; G72.9
<b>Rhabdomyolysis</b>	M62.82
<b>Cirrhosis</b>	K70.30; K70.31; K71.7; K74.3 – K74.5; K74.60; K74.69; P78.81
<b>ESRD</b>	N18.5; N18.6; Z99.2

Condition	SNOMED Codes
<b>History of myalgia caused by statin (situation)</b>	16524291000119105
<b>History of rhabdomyolysis due to statin (situation)</b>	16524331000119104
<b>Myalgia caused by statin (finding)</b>	16462851000119106
<b>Rhabdomyolysis due to statin (disorder)</b>	787206005

## Medications

High-intensity Statin Therapy	Moderate-intensity statin therapy	
<ul style="list-style-type: none"> <li>■ Atorvastatin 40 – 80mg</li> <li>■ Amlodipine-atorvastatin 40 – 80mg</li> <li>■ Rosuvastatin 20 - 40mg</li> <li>■ Simvastatin 80mg</li> <li>■ Ezetimibe- simvastatin 80mg</li> </ul>	<ul style="list-style-type: none"> <li>■ Atorvastatin 10 - 20mg</li> <li>■ Amlodipine-atorvastatin 10 - 20mg</li> <li>■ Rosuvastatin 5 - 10mg</li> <li>■ Simvastatin 20 - 40mg</li> <li>■ Ezetimibe-simvastatin 20 - 40mg</li> </ul>	<ul style="list-style-type: none"> <li>■ Pravastatin 40 - 80mg</li> <li>■ Lovastatin 40mg</li> <li>■ Fluvastatin 40 – 80mg</li> <li>■ Pitavastatin 1 – 4mg</li> </ul>

<p><b>Tips for Success</b></p>	<ul style="list-style-type: none"> <li>■ Educate patients on the importance of statin medications in reducing cardiovascular risk, regardless of cholesterol levels.</li> <li>■ ‘Start low, go slow’ when starting patients on a statin to reduce potential for side effects and improve adherence. <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul> </li> <li>■ In patients with chronic liver disease, who require a statin because of high cardiovascular risk, low dose pravastatin and abstinence from alcohol is recommended.</li> <li>■ Atorvastatin and fluvastatin are preferred in patients with severe renal impairment.</li> </ul>
--------------------------------	---

## Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans



Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.