# 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 during Prior Year	Setting		
Myocardial Infarct (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**

This measure is based on claims only.



# **Exclusions**

Exclusions	Timeframe		
<ul> <li>Have a diagnosis of pregnancy during the measurement year (MY) or previous year (PY)</li> <li>Have in vitro fertilization (IVF) in the MY or PY</li> <li>Have ESRD or dialysis during the MY or PY</li> </ul>	Any time during the MY		
<ul> <li>Pregnancy</li> <li>In vitro fertilization</li> <li>Clomiphene – 1 dispensing event</li> </ul>	Any time during the PY or MY		
<ul><li>ESRD</li><li>Dialysis</li><li>Cirrhosis</li></ul>	Any time during the PY or MY		
<ul><li>Myalgia</li><li>Myositis</li><li>Myopathy</li><li>Rhabdomyolysis</li></ul>	Any time during the MY		
Members 66 years and older by /Dec. 31 MY	<ul> <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</li> <li>Advanced illness on 2 different DOS</li> <li>OR Dispensed a dementia medication</li> </ul>		
with Advanced Illness and Frailty.  Members must meet BOTH advanced illness	Dementia Med Prescription Description		
and frailty criteria to be excluded.	Cholinesterase • Donepezil • Galantamine • Rivastigmine		
	Misc. Central Nervous System Agents		
	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			
<ul> <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> <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> <li>Pravastatin 40 - 80mg</li> <li>Lovastatin 40mg</li> <li>Fluvastatin 40 – 80mg</li> <li>Pitavastatin 1 – 4mg</li> </ul>		
Tips for Success	<ul> <li>Education 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.</li> <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> <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 2024 Volume 2 Technical Specifications for Health Plans

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