

# 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.

The Star rating only requires a statin medication be dispensed to member.

## 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>



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## 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"> <thead> <tr> <th>Dementia Med Description</th><th>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>
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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>

## Tips for Success

- Educate 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.



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- 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 2025 Volume 2 Technical Specifications for Health Plans

