

Statin Therapy for Patients with Cardiovascular Disease (SPC)

CarePartners of Connecticut's HEDIS Tip Sheets outline key features of specific HEDIS measures. These best practices and tips can optimize HEDIS scores and identify opportunities to improve patient care.



The SPC measure assesses the percentage of males (age 21-75) and females (age 40-75) who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- 1. Received Statin Therapy:** members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year
- 2. Statin Adherence 80%:** members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period



Provider Best Practices and Measure Tips

- **Educate** patients on the importance of statin medication adherence to prevent cardiovascular events.
- **Consider** patient input when developing a treatment plan they can adhere to (i.e., once daily dosing, generic options, and medications to minimize side effects).
- **Document** in the medical record patient conditions that exclude them from taking a statin and submit a claim with appropriate exclusion diagnosis code.
- **Educate** and **instruct** patients to contact their practitioner if they are experiencing adverse effects.
 - **Document** any adverse effects from statin therapy.
 - **Determine** if the signs/symptoms qualify as an exclusion.
 - **Try** reducing the dose or frequency.
 - **Consider** trying a different statin. Hydrophilic statins, such as pravastatin, fluvastatin and rosuvastatin may have lower risk of myalgia side effects.
- Once patients demonstrate they can tolerate statin therapy, **encourage** them to obtain 90-day supplies at their pharmacy.
- **Consider** adding directives for pharmacies to run prescriptions through the patient's pharmacy benefit, especially when utilizing discount programs.
- **Instruct** patients to fill prescriptions using their pharmacy benefit.
- **Schedule** and **encourage** routine follow up and monitoring.

High- and Moderate-Intensity Statin Therapy	High-	Moderate-
Medications		
Atorvastatin 10-20 mg		X
Atorvastatin 40-80 mg	X	
Amlodipine-atorvastatin 10-20 mg		X
Amlodipine-atorvastatin 40-80 mg	X	
Ezetimibe-simvastatin 20-40 mg		X
Ezetimibe-simvastatin 80 mg	X	
Fluvastatin 40-80 mg		X
Lovastatin 40 mg		X
Pitavastatin 1-4 mg		X
Pravastatin 40-80 mg		X
Rosuvastatin 5-10 mg		X
Rosuvastatin 20-40 mg	X	
Simvastatin 20-40 mg		X
Simvastatin 80 mg	X	

HEDIS® Tip Sheet

Statin Therapy for Patients with Cardiovascular Disease (cont.)

Exclusions

- Pregnancy, fertility treatments, end stage renal disease, dialysis, or cirrhosis during the measurement year or year prior to the measurement year
- Myalgia, myopathy, myositis, or rhabdomyolysis during the measurement year
- Hospice or palliative care during the measurement year
- Enrollment in an I-SNP or long-term institution or frailty and advanced illness in the measurement year for those 66 and older

Additional Resources

- American College of Cardiology's 2022 [Statin Use for Primary Prevention of CVD: USPSTF Recommendation](#)
- American Heart Association's [2021 Heart Disease and Stroke Statistics Update Fact Sheet](#)
- Million Hearts' [The Scoop on Statins: What Do You Need to Know?](#)

Did you know?

- **Cardiovascular disease** is the leading cause of morbidity and death in the United States.
- **Unhealthy cholesterol** levels increase the risk of developing cardiovascular disease.
- **Statins reduce** the amount of cholesterol made by the liver by removing cholesterol in the blood.
- **Taking a statin** can cut a person's risk of heart attack or stroke in half.