

# Statin Therapy for Patients With Cardiovascular Disease (SPC)

The Healthcare Effectiveness Data and Information Set (HEDIS®) Statin Therapy for Patients With Cardiovascular Disease (SPC) measure is based on American College of Cardiology/American Heart Association (ACC/AHA) guidelines, which recommend high-intensity or moderate-intensity statin therapy for prevention of atherosclerotic cardiovascular disease (ASCVD) events.<sup>1,2</sup> This measure focuses on men 21–75 years of age and women 40–75 years of age who are identified as having clinical ASCVD and whether they were dispensed high- or moderate-intensity statin therapy. The measure was adopted within the Centers for Medicare & Medicaid Services (CMS) Star Rating System.

## How is the SPC measure calculated?

- The percentage of men 21–75 years of age and women 40–75 years of age during the measurement year who were identified as having clinical ASCVD and were dispensed at least one high- or moderate-intensity statin medication during the measurement year
- **Denominator:** the number of patients who meet age criteria and event or diagnosis criteria
  - **Event (during prior year):** myocardial infarction (MI) when discharged from inpatient setting, coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), other revascularization
  - **Diagnosis (in current and previous year):** at least one acute inpatient or outpatient visit, telephone visit, e-visit or virtual check-in with ischemic vascular disease (IVD) diagnosis
- **Numerator:** the number of patients who had at least one dispensing event for a high- or moderate-intensity statin medication during the current measurement year
- **Exclusions**
  - Diagnosis during the measurement year, or year prior, of pregnancy, in vitro fertilization, end-stage renal disease (ESRD), cirrhosis or clomiphene prescription
  - Diagnosis during the measurement year of myalgia, myositis, myopathy or rhabdomyolysis. (Please refer to the HEDIS Muscular Pain and Disease Value Set on the last page for the appropriate IDC-10-CM codes.)
  - Members 66 years of age or older as of Dec. 31 of the measurement year who were enrolled in an Institutional Special Needs Plan (I-SNP) or were living long-term in an institution during the measurement year



- Members 66 years of age or older as of Dec. 31 of the measurement year with frailty and advanced illness during the measurement year
- Members in hospice
  - A higher rate represents better performance<sup>2</sup>



## Moderate-intensity statin therapy<sup>3</sup>

Daily dose lowers LDL-C 30%–49% on average

- Atorvastatin 10–20 mg
- Rosuvastatin 5–10 mg
- Simvastatin 20–40 mg\*
- Pravastatin 40–80 mg
- Lovastatin 40 mg
- Fluvastatin XL 80 mg
- Fluvastatin 40 mg twice daily
- Pitavastatin 1–4 mg



## High-intensity statin therapy<sup>3</sup>

Daily dose lowers LDL-C by at least 50% on average

- Atorvastatin 40–80 mg
- Rosuvastatin 20–40 mg



# Frequently asked questions

## What are some common adverse effects of statin therapy?<sup>3,4</sup>

- Myalgia (muscle pain)
- Increased hepatic transaminase (liver enzymes)
- New-onset diabetes mellitus, more frequent in at-risk populations, such as body mass index > 30 or fasting blood glucose > 100 mg/dl

## What if mild to moderate muscle symptoms develop during statin therapy?<sup>1</sup>

- Discontinue the statin until the symptoms can be evaluated.
- Evaluate the patient for other conditions that might increase the risk of muscle symptoms.
- If muscle symptoms resolve and if no causal relationship between the muscle symptoms or other contraindication exists, continue with statin therapy.
- If a causal relationship exists, discontinue the original statin. Once muscle symptoms resolve, use a low dose of a different statin.

## What are some contraindications to statin therapy?<sup>4</sup>

- Breastfeeding
- Active liver disease
- Allergic reaction to active ingredients
- Unexplained persistent elevations of serum transaminases
- Concomitant use of strong CYP3A4 inhibitors (simvastatin, lovastatin) or concurrent use with cyclosporine (pitavastatin)

## What are some conditions that could predispose patients to statin adverse effects?<sup>1</sup>

- Older than 75 years of age
- Asian ancestry
- Impaired renal function
- Impaired hepatic function
- History of hemorrhagic stroke
- Unexplained alanine aminotransferase test elevation more than three times the upper limits of normal
- History of previous statin intolerance to muscle disorder

## How should patients taking statin therapy be monitored?<sup>4</sup>

- **Lipid panel:** Obtain baseline panel, then check two to four weeks after initiation or dose adjustment and every three to 12 months thereafter, as clinically indicated.
- **Hepatic transaminase:** Obtain baseline measure and measure hepatic function if symptoms suggest hepatotoxicity thereafter.
- **Creatine phosphokinase (CPK):** Obtain baseline measure and consider measuring CPK in any patient with symptoms suggestive of myopathy.

\* The use of simvastatin doses up to 80 mg is limited to patients who have been taking 80 mg chronically (e.g., 12 or more months) without evidence of muscle toxicity, according to the Food and Drug Administration.

## References

1. Neil J. Stone et al., “2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults,” *Journal of the American College of Cardiology* (2013).
2. “HEDIS 2025: Technical Specifications,” National Committee for Quality Assurance.
3. Scott M. Grundy et al., “2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines,” *Journal of the American College of Cardiology* (2018): 25709.
4. “DRUGDEX,” IBM Micromedex®, last accessed August 26, 2024, [www.micromedexsolutions.com](http://www.micromedexsolutions.com).

## HEDIS Muscular Pain and Disease Value Set ICD-10-CM diagnosis codes

ICD-10-CM code	Definition	ICD-10-CM code	Definition
G72.0	Drug-induced myopathy	M60.852	Other myositis, left thigh
G72.2	Myopathy due to other toxic agents	M60.859	Other myositis, unspecified thigh
G72.9	Myopathy, unspecified	M60.861	Other myositis, right lower leg
M60.80	Other myositis, unspecified site	M60.862	Other myositis, left lower leg
M60.811	Other myositis, right shoulder	M60.869	Other myositis, unspecified lower leg
M60.812	Other myositis, left shoulder	M60.871	Other myositis, right ankle and foot
M60.819	Other myositis, unspecified shoulder	M60.872	Other myositis, left ankle and foot
M60.821	Other myositis, right upper arm	M60.879	Other myositis, unspecified ankle and foot
M60.822	Other myositis, left upper arm	M60.88	Other myositis, other site
M60.829	Other myositis, unspecified upper arm	M60.89	Other myositis, multiple sites
M60.831	Other myositis, right forearm	M60.9	Myositis, unspecified
M60.832	Other myositis, left forearm	M62.82	Rhabdomyolysis
M60.839	Other myositis, unspecified forearm	M79.10	Myalgia, unspecified site
M60.841	Other myositis, right hand	M79.11	Myalgia of mastication muscle
M60.842	Other myositis, left hand	M79.12	Myalgia of auxiliary muscles, head and neck
M60.849	Other myositis, unspecified hand	M79.18	Myalgia, other site
M60.851	Other myositis, right thigh		

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