

# Statin Therapy for Patients with Cardiovascular Disease (SPC)

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

## Measure Description and Medications

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD). The measure has two rates that are reported:

- 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.

Description	Prescription
High-Intensity Statin Therapy	Amlodipine-atorvastatin (40 – 80 mg)
	Atorvastatin (40 – 80 mg)
	Rosuvastatin (20 – 40 mg)
Moderate-Intensity Statin Therapy	Amlodipine-atorvastatin (10 – 20 mg)
	Atorvastatin (10 – 20 mg)
	Ezetimibe-simvastatin (20 – 40 mg)
	Fluvastatin (40 – 80 mg)
	Lovastatin (40 mg)
	Pitavastatin (1 – 4 mg)
	Pravastatin (40 – 80 mg)
	Rosuvastatin (5 – 10 mg)
Simvastatin (20 – 40 mg)	

## Why is SPC Important?

High cholesterol levels increase the risk of developing cardiovascular disease, which is the leading cause of death in the United States. Statins can help reduce the amount of cholesterol produced by the liver by removing cholesterol in the blood. Statins can reduce your patients' risk of heart attack or stroke by 50%.



## Best Practices

- When appropriate, write 90 or 100-day prescriptions once your patients demonstrate they can tolerate statin therapy, or suggest mail order or switching to a pharmacy with additional support services, like Centennial Pharmacy Services.
- Review your patients' medication lists and discuss combining medications if appropriate to reduce the number of pills taken daily.
- Emphasize with your patients the importance of scheduling a follow-up appointment in 1-3 months to assess the effectiveness of the statin medication.

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- Recommend Jefferson Health Plans Medicare members use their Over-the-Counter (OTC) benefit to purchase a pillbox, which can help them stay consistent with their medication routine.
- Suggest your patients take their statin medication around the same time each day, in addition to following a healthy diet and engaging in low impact exercise.
- Discuss barriers (financial, transportation) your patients may have with getting prescriptions. Direct patients to [panavigate.org](http://panavigate.org) for help finding social services in their communities.
- Document conditions that exclude patients from taking a statin in the Allergies section of the medical record. This includes if a patient is allergic or intolerant to their statin medication. Also be sure to submit a claim with appropriate exclusion diagnosis codes. Remember to submit a claim with the appropriate exclusion every year.
- Review your care gap and missed opportunity reports to identify members who had a visit at your office during the calendar year but still ended the year noncompliant for this measure.

## Exclusions

- Patients who meet any of the following criteria anytime during the measurement year:
  - Medicare patients 66 years of age and older enrolled in an I-SNP or living long-term in an institution.
  - Patients 66 years of age and older with frailty and advanced illness.
  - Patients in hospice or palliative care.
  - Patients who died.
  - Patients with myalgia, myositis, myopathy or rhabdomyolysis.
- Patients who meet any of the following criteria anytime during the measurement year or year prior to the measurement year:
  - Patients with a pregnancy diagnosis.
  - Patients with in vitro fertilization (IVF) or dispensed at least one prescription for clomiphene.
  - Patients with ESRD or dialysis.
  - Patients with cirrhosis.
- Members with Myalgia, Myositis, Myopathy or Rhabdomyolysis as coded below:

Condition	ICD-10-CM Code
<b>Myalgia</b>	M79.10 – M79.12, M79.18
<b>Myositis</b>	M60.00, M60.01, M60.02, M60.03, M60.04, M60.05, M60.06, M60.07, M60.08, M60.09, M60.10, M60.11, M60.12, M60.13, M60.14, M60.15, M60.16, M60.17, M60.18, M60.19, M60.20, M60.21, M60.22, M60.23, M60.24, M60.25, M60.26, M60.27, M60.28, M60.80, M60.81, M60.82, M60.83, M60.84, M60.85, M60.86, M60.87, M60.88, M60.89, M60.9,
<b>Myopathy</b>	G72.0, G72.2, G72.4, G72.8, G72.9, 62.81
<b>Rhabdomyolysis</b>	M62.82