



Statin Therapy for Patients with Cardiovascular Disease (SPC)_2024

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Statin Therapy and Cardiovascular Disease



Cardiovascular disease is the leading cause of death in the United States.



It is estimated that 92.1 million American adults have one or more types of cardiovascular disease.



Moderate- High statin therapy can reduce the relative risk of major vascular events by 20-30% in patients with cardiovascular disease



Cardiovascular disease (CVD) is the leading cause of morbidity and death in the US and is the cause of more than 1 of every 4 deaths. Coronary heart disease is the single leading cause of death and accounts for 43% of deaths attributable to CVD in the US. In 2019, an estimated 558 000 deaths were caused by coronary heart disease and 109 000 deaths were caused by ischemic stroke.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Description

The percentage of males 21–75 years of age and females 40–75 years of age during the current performance year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

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

****CMS Stars only includes the sub-measure ‘Received statin therapy’.**



Males, 21-75 yrs with ASCVD

Females, 40-75 yrs with ASCVD



Dispensed one moderate or high intensity statin, for any amount of days, during the current performance year

X1

Single Weighted Star Measure

Measure Steward: National Committee for Quality Assurance (NCQA)

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Required Exclusions

- Patients receiving **hospice or hospice services** any time during the current performance year
 - Patients receiving **palliative care** any time during the intake period through the end of the current performance year
 - Patients who **passed away** any time during the current performance year
 - **Myalgia, myositis, myopathy or rhabdomyolysis** diagnosis any time during the current performance year
 - **Cirrhosis** any time during the current performance or prior year
 - **End-stage renal disease (ESRD)** any time in the current performance or prior year
 - **Dialysis** during the current performance or prior year
 - Patients with a diagnosis of **pregnancy, in-vitro fertilization, or dispensed at least one prescription for clomiphene** anytime in the current performance or prior year
- Medicare patients 66 years of age and older as of the end of the current performance year who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance year
 - Patients 66 years of age and older as of the end of the current performance year with **two frailty indications on different dates of service** in the current performance year and an **advanced illness diagnosis on at least two different dates of service** or dispensed dementia medication during the current performance or prior year

Statin Therapy for Patients with Cardiovascular Disease (SPC)

SPC Best Practices

An RX for only ONE moderate or high intensity statin PILL will close this care gap. (Must use Part D insurance card)



Prescribe at least one **high-intensity** or **moderate-intensity** statin medication during the measurement year to patients diagnosed with ASCVD



Instruct patients to **fill prescriptions using their pharmacy benefit**. Claims filed through pharmacy discount programs, cash claims, and medication samples would not count. Gap closure is dependent on pharmacy claims.



Once patients demonstrate they can tolerate statin therapy, encourage them to obtain **90-day supplies** at their pharmacy.



Patients who also have diabetes fall into the **SUPD measure**. This measure may overlap. **Remember with the SPC measure, the patient must have a moderate-high intensity statin.**



In order to **exclude patients** from this measure who cannot tolerate statin medications, a claim MUST be submitted annually using the **appropriate ICD-10-CM** code for the above exclusions.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

High-intensity & Moderate-intensity Statins to Close the Care Gap

Drug Category Medications: High-intensity statin therapy

Atorvastatin 40–80 mg
Amlodipine-atorvastatin 40–80 mg
Rosuvastatin 20–40 mg
Simvastatin 80 mg
Ezetimibe-simvastatin 80 mg

Drug Category Medications: Moderate-Intensity Statin Therapy

Atorvastatin 10–20 mg
Amlodipine-atorvastatin 10–20 mg
Rosuvastatin 5–10 mg
Simvastatin 20–40 mg
Ezetimibe-simvastatin 20–40 mg
Pravastatin 40–80 mg
Lovastatin 40 mg
Fluvastatin 40–80 mg
Pitavastatin 1–4 mg

If your patient falls into the SPC measure AND the SUPD measure, remember to prescribe only a moderate to high intensity statin. This will close BOTH care gaps.





Thank You!