

Statin Therapy for Patients With Cardiovascular Disease (SPC)

Why it Matters

Cardiovascular disease (CVD) is the number one cause of death in the United States. Cardiovascular disease includes hypertension, coronary heart disease, heart failure, stroke and/or congenital cardiovascular heart defects. More than 17 million people with CVD have coronary heart disease which is a buildup of atherosclerotic plaque in the walls of the arteries of the heart.ⁱ

Statins are the first-line treatment of choice for patients with high cholesterol and those diagnosed with coronary heart disease. Statins help protect the lining of the blood vessels while improving endothelial function, stabilizing atherosclerotic plaques, and reducing both inflammation and endothelial oxidate stress. Statins also prevent blood platelet aggregation, thereby reducing the risk of a blood clot.ⁱⁱ

Description of Measure

The percentage of males aged 21 – 75 and females aged 40-75 who are identified as having clinical ASCVD, and who were dispensed at least 1 high-intensity or moderate-intensity statin medication during the measurement year (MY).ⁱⁱⁱ

Documentation

This measure is based on claims only.

Exclusions

Diagnosis of the following codes during the measurement year will exclude the member.

Condition	ICD-10-Code
Myalgia	M79.10 – M79.12; M79.18
Myositis	M60.80 – M60.819; M60.821 – M60.829; M60.831 – M60.839; M60.841 – M60.849; M60.851 – M60.859; M60.861- M60.871 – M60.879; M60.88; M60.89
Myopathy	G72.0; G72.2; G72.9
Rhabdomyolysis	M62.82
Cirrhosis	K70.30; K70.31; K71.7; K74.3 – K74.5; K74.60; K74.69; P78.81
ESRD	N18.5; N18.6; Z99.2

Patients are also excluded if they:

- Have a diagnosis of pregnancy during the measurement year (MY) or previous year (PY)
- Have in vitro fertilization (IVF) in the MY or PY
- Have ESRD or dialysis during the MY or PY
- Were dispensed at least one prescription for clomiphene during the MY or PY



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- Have received hospice or palliative care anytime in the MY
- Have cirrhosis during the MY or PY
- Medicare members 66 years of age and older who are enrolled in an I-SNP or LTI
- Are age 66 or older with advanced illness and frailty on 2 different DOS in MY

Medications

High-intensity Statin Therapy	Moderate-intensity statin therapy	
<ul style="list-style-type: none"> ■ Atorvastatin 40 – 80mg ■ Amlodipine-atorvastatin 40 – 80mg ■ Rosuvastatin 20 - 40mg ■ Simvastatin 80mg ■ Ezetimibe- simvastatin 80mg 	<ul style="list-style-type: none"> ■ Atorvastatin 10 - 20mg ■ Amlodipine-atorvastatin 10 - 20mg ■ Rosuvastatin 5 - 10mg ■ Simvastatin 20 - 40mg ■ Ezetimibe-simvastatin 20 - 40mg 	<ul style="list-style-type: none"> ■ Ezetimibe-simvastatin 20 - 40mg ■ Pravastatin 40 - 80mg ■ Lovastatin 40mg ■ Fluvastatin 40 – 80mg ■ Pitavastatin 1 – 4mg
<p>Tips for Success</p>	<ul style="list-style-type: none"> ■ 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. <ul style="list-style-type: none"> - 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. ■ 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. World Health Organization, Cardiovascular Diseases, www.who.int/health-topics/cardiovascular-diseases#tab=tab_1
- II. Journal of the American Medical Association Cardiology, Statins and the Prevention of Heart Disease, www.Jamanetwork.com/journals/jamacardiology/fullarticle/2599102#
- III. National Committee for Quality Assurance, HEDIS® Measurement Year 2023 Volume 2 Technical Specifications for Health Plan

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