



Statin Therapy Metrics Guide

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Importance of Statins with Cardiovascular Disease

Atherosclerotic cardiovascular disease (ASCVD) remains the leading cause of morbidity and mortality worldwide. A major risk factor for ASCVD is LDL cholesterol. Statins are the drug of choice for reducing LDL cholesterol and the risk of mortality and coronary artery disease in high-risk patients. The definition of clinical ASCVD includes acute coronary syndromes, history of myocardial infarction stable or unstable angina, coronary or other arterial revascularization, stroke or transient ischemic attack (TIA), and peripheral arterial disease of atherosclerotic origin.

Measure Description

Percentage of men ages 21–75 years old and women ages 40–75 years old during the measurement year who were identified as having ASCVD **[DENOMINATOR]** and were dispensed at least one high- or moderate-intensity statin medication during the measurement year **[NUMERATOR]**.

Statin Use in Persons with Diabetes (SUPD)

Importance of Statins with Diabetes

Diabetics, even when their glucose levels are under control, have a significantly increased risk of heart disease and stroke. With the combination of statin use and management of risk factors (e.g., obesity, smoking, high blood pressure, lack of physical activity), patients may delay or avoid the development of heart and blood vessel disease.

Measure Description

Percentage of Medicare Part D beneficiaries 40–75 years old with at least two[†] dispensed medications for diabetes **[DENOMINATOR]** who receive any statin medication during the measurement year **[NUMERATOR]**.

Exclusions for SUPD and SPC

Patients are excluded if they have any of the following **during the measurement year (MY) or the prior year:**

- Cirrhosis (**K70.30-K70.4; K71.7; K74.4-K74.5; K74.60**)
- End-stage renal disease (ESRD) or dialysis (**N18.6**)
- Pregnant, lactating, or IVF (**multiple ICD-10 codes**)
- Prescribed clomiphene at least once

Patients are excluded if they have any of the following **during the measurement year (MY):**

- Hospice (**G9710**)
- Myalgia (**M79.10-M79.12, M79.18**)
- Myositis (**M60.80 - M60.90**)
- Myopathy (**G72.0, G72.9**)
- Rhabdomyolysis (**M62.82**)



Exclusions Continued

Exclusions for SPC Only

- Palliative care (**G9993**)
- Patients 66 or older with frailty and advanced illness (**G2101**)
- Patient with a dispensed dementia medication

Exclusions for SUPD Only

- Prediabetes (**R73.03, R73.09**)
- Polycystic ovary syndrome (PCOS) (**E28.2**)

Commonly Used Statins

Cross-reference patients qualifying for SUPD with members qualifying for SPC. If the member qualifies for both measures, consider a moderate or high intensity statin as you deem medically appropriate.

Statin	Dosage/Intensity	
	Moderate	High
Atorvastatin*	10-20 mg	40-80 mg
Fluvastatin	40 2x/day - 80XL	N/A
Lovastatin*	40 mg	N/A
Pitavastatin	2-4 mg	N/A
Pravastatin*	40-80 mg	N/A
Rosuvastatin*	5-10 mg	20-40 mg
Simvastatin*	20-40 mg	80 mg

*Usually Tier 1-2 drugs with \$0-\$20 copay

† Associated with less statin related muscle symptoms

† Index prescription start date for the diabetes medication must occur at least 90 days prior to the end of the measurement year.

Disclaimer: This information is not intended to dictate or substitute your professional judgment in a particular patient.

References

[Arkansas Blue Cross and Blue Shield, Statin Therapy for Patients With Cardiovascular Disease \(SPC\) \(2023\)](#)

[Arkansas Blue Cross and Blue Shield, Statin use in Patients with Diabetes \(SUPD\) \(2023\)](#)

[Humana, Star Rating Program Statin Measures: SUPD and SPC \(2022\)](#)

[CMS, Quality ID #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease \(2022\)](#)

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