Statin Therapy for Patients with Cardiovascular Disease

The Healthcare Effectiveness Data and Information Set (HEDIS®) Statin Therapy for Patients with Cardiovascular Disease (SPC) measure is based on 2013 American College of Cardiology/American Heart Association (ACC/AHA) guidelines, which recommend moderate-to-high-intensity statin therapy for prevention of atherosclerotic cardiovascular disease (ASCVD) events.1,2 This measure focuses on men 21–75 years old and women 40–75 years old who are identified as having clinical atherosclerotic cardiovascular disease and whether they were dispensed moderate- or high-intensity statin therapy. The measure was adopted within the Centers for Medicare & Medicaid Services (CMS) 2019 Star Ratings.

How is the SPC measure calculated?

• Percentage of men 21–75 years old and women 40–75 years old during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease and were dispensed at least one high- or moderate-intensity statin medication during the measurement year.

• **Denominator:** Number of patients who meet age criteria and meet 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 with ischemic vascular disease (IVD) diagnosis.

• **Numerator:** 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 measurement year, or year prior, of pregnancy, in vitro fertilization, end-stage renal disease (ESRD), cirrhosis or clomiphene prescription.
  - Diagnosis during measurement year of myalgia, myositis, myopathy or rhabdomyolysis.
  - Members 66 years old as of Dec. 31 of measurement year who were enrolled in an institutional SNP or living long-term in an institution during the measurement year.
  - Members 66 years old or older as of Dec. 31 of measurement year with frailty and advanced illness during the measurement year.
  - Members in hospice.

• A higher rate represents better performance.2

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**Moderate-intensity statin therapy**

Daily dose lowers LDL-C on average between 30 and 50 percent

- 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 2–4 mg+

**High-intensity statin therapy**

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

- atorvastatin 40–80 mg†
- rosuvastatin 20–40 mg*
- simvastatin 80 mg‡*
Frequently asked questions

What are common adverse effects of statin therapy?3
• Myalgia (muscle pain)
• Increased hepatic transaminase (liver enzymes)
• Headache
• Gastrointestinal side effects
• Increased creatine phosphokinase (CPK or CK)

What if mild-to-moderate muscle symptoms develop during statin therapy?1
• 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 contraindications to statin therapy?3
• Pregnancy and 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 conditions could predispose patients to statin side effects?1
• Older than 75 years old
• 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?3
• Lipid panel: Obtain baseline panel, then check four to 12 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.
• CPK: Obtain baseline measure and consider measuring CPK in any patient with symptoms suggestive of myopathy.

*Tier 1  †Nonformulary
Based on 2019 National 5 MAPD 19434
Current information available at Humana.com/DrugListSearch.
†Evidence from one RCT only: down-titration if unable to tolerate atorvastatin 80 mg in incremental decrease in events through aggressive lipid lowering (IDEAL).
‡Although simvastatin 80 mg was evaluated in RCTs, initiation of simvastatin 80 mg or titration to 80 mg is not recommended by the Food and Drug Administration due to the increased risk of myopathy, including rhabdomyolysis.
Note: 2018 cholesterol guidelines still recommend moderate- to high-intensity statins with slight modifications from 2013 guidelines.4

References