

To find the category (Medicare Stars, Federal Employee Program®, etc.) this measure applies to, see our [chart of HEDIS® measures](#).

HEDIS Measure: Statin Use in Patients with Cardiovascular Disease (SPC)

Let's work together to improve health outcomes. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet details key points of the featured HEDIS measure, one of which is a Stars measure (noted with ★).

What is the measure?

The measure looks at the percentage of males age 21-75 and females age 40-75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (denominator) and who were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator). The measure has two rates reported using pharmacy claims data.

Description

The following rates are reported for this measure:

- ★ Received statin therapy—percent of members who were dispensed at least one high or moderate-intensity statin medication during the measurement year. (Stars measure)
- Statin Adherence 80%—percent of members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.*

** CMS Star ratings use the Pharmacy Quality Alliance (PQA) measure for the Medicare population to determine statin adherence. The PQA methodology is based upon Part D claims only.*

Eligible Members

Members are identified two ways for this measure:

- **Event:** Myocardial infarction (acute or non-acute inpatient stay)
 - Coronary artery bypass graft, percutaneous coronary intervention or other revascularization (any setting)

- **Diagnosis:** Ischemic Vascular Disease (IVD)

The member needs to meet at least one of the following criteria during both the measurement year and the prior year:

- At least one outpatient visit with an IVD diagnosis
- At least one acute inpatient discharge encounter with an IVD diagnosis on the discharge claim.

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Exclusions

- Hospice care during the measurement year
- Members age 66 and older with frailty and advanced illness
- Pregnancy during the measurement year or the prior year
- In vitro fertilization (IVF) in the measurement year or the prior year
- Dispensed at least one prescription for clomiphene during measurement year or prior year
- End-stage renal disease (ESRD) during the measurement year or the prior year
- Cirrhosis during the measurement year or the prior year
- Myalgia, myositis or rhabdomyolysis during the measurement year, identified through:
 - ◆ G72.0 Drug-induced myopathy
 - ◆ G72.2 Myopathy due to other toxic agents
 - ◆ G72.9 Myopathy, unspecified
 - ◆ M62.82 Rhabdomyolysis
 - ◆ M79.1 Myalgia
 - ◆ M60.80 M60.9 Myositis

Note: In late 2013, the American College of Cardiology and the American Heart Association published the *Guideline on the Treatment to Reduce Atherosclerotic Cardiovascular Risk in Adults* to address reducing cardiovascular disease. Specific to this HEDIS measure population, the guideline focuses on statin intensity, with evidence supporting use of high-intensity statin to reduce ASCVD event over moderate-intensity statin. Recognizing statin-associated side effects may preclude a member from receiving a high-intensity statin, the guidelines recommend members receive a moderate-intensity statin.

High and Moderate-Intensity Statin Medications*

Description	Prescription	
High-intensity statin therapy	atorvastatin 40-80 mg	simvastatin 80 mg
	rosuvastatin 20-40 mg	amlodipine and atorvastatin 40-80 mg
	ezetimibe and simvastatin 80 mg	
Moderate-intensity statin therapy	atorvastatin 10-20 mg	simvastatin 20-40 mg
	lovastatin 40 mg	rosuvastatin 5-10 mg
	pravastatin 40-80 mg	amlodipine and atorvastatin 10-20 mg
	ezetimibe and simvastatin 20-40 mg	fluvastatin 40 – 80 mg
	pitavastatin 2-4 mg	

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