

Statin Therapy for Patients With Cardiovascular Disease (CVD) and Diabetes

Improving patient outcomes and supporting HEDIS[®] quality measures



This guidance supports the HEDIS measures **Statin Therapy for Patients with Cardiovascular Disease (SPC)** and **Statin Use in Persons with Diabetes (SUPD)**.

Eligible Patients

SPC — Statin Therapy for Patients with Cardiovascular Disease

Patients diagnosed with **atherosclerotic cardiovascular disease (ASCVD)**

Age requirements

- Men 21 – 75
- Women 40 – 75

Requirement

- Active **moderate- or high-intensity statin prescription** during the measurement year

SUPD — Statin Use in Patients with Diabetes

Patients with diabetes should receive statin therapy and maintain adherence.

Eligibility

- Age 40 – 75
- Two or more diabetes medication fills
- Received at least one statin prescription

Adherence requirement

- Proportion of Days Covered (PDC) \geq 80%

Common Statin Therapies

High intensity

- Atorvastatin 40 – 80 mg
- Rosuvastatin 20 – 40 mg

Moderate intensity

- Atorvastatin 10 – 20 mg
- Rosuvastatin 5 – 10 mg
- Simvastatin 20 – 40 mg
- Pravastatin 40 – 80 mg
- Lovastatin 40 – 80 mg

Final statin intensity determination follows NCQA HEDIS specifications.

Valid Measure Exclusions

Document and code when applicable.

| SPC and SUPD Exclusions* | Exclusion ICD-10 Codes (Not a complete list) |
|---|---|
| Documented statin intolerance or statin allergy | G72.0, G72.2, G72.0, G72.9 |
| End-stage renal disease (ESRD) | N18.5, N18.6, Z99.2, |
| Cirrhosis or other severe liver disease | K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81 |
| Myopathy or rhabdomyolysis | Myopathy [G72.9] or rhabdomyolysis [M62.82] |
| Hospice enrollment or death during the measurement year | Hospice enrollment [Z51.5] death equals automatic exclusion during the measurement year |

*Exclusion codes need to be submitted annually to remove members from denominator.

Disclaimer:

This tip sheet is for informational purposes only and reflects NCQA HEDIS technical specifications. It does not guarantee HEDIS compliance or performance outcomes. Final determination of measure compliance depends on claims processing, medical record review, and applicable guidelines.

Best Practices to Close Statin Gaps

Monitor adherence

Review pharmacy adherence reports monthly.

Address intolerance early

Discuss side effects and adjust therapy if needed.

If member had intolerance, submit exclusion code for current measurement year.

Suggestions to improve tolerance include avoiding drug interactions, switching statin (hydrophilic statin such as pravastatin or fluvastatin), or lowering dose of the statin.

Non-Statins Alternatives: Ezetimibe (Zetia) for blocking cholesterol absorption, or Bempedoic Acid (Nexletol).

Encourage 90-day fills

Longer fills and home delivery pharmacies improve adherence.

Reconcile medications

Confirm statin use during every patient visit.

Use the care team

Engage pharmacists, nurses, and care managers for outreach.