

Statin Therapy for Patients with Cardiovascular Disease (SPC) provider tipsheet

Did you know?

The Centers for Medicare and Medicaid Services' (CMS) Stars program assesses the quality and performance of Medicare insurance plans. The SPC measure criteria is derived from American College of Cardiology/American Heart Association (ACC/AHA) guidelines, which recommend high-intensity or moderate-intensity statin therapy for prevention of atherosclerotic cardiovascular disease (ASCVD) events.

The scores we receive help us understand the quality of care your Medicare patients receive while managing common conditions.



Use this tip sheet to help **ensure your patients are taking the most cost-effective drugs at the right time, and to succeed in the Statin Therapy for Patients with Cardiovascular Disease (SPC) PIP measure.**

5-Star cut point performance	
Payout PCM	Medicare cut point target
\$25	93%
Eligible population	
<ul style="list-style-type: none"> Patients enrolled in Medicare Part D, males 21-75 years of age and females 40-75 years of age, who were identified as having an ASCVD event or diagnosis such as, Myocardial Infarction (MI), Coronary Artery Bypass Graft (CABG), Percutaneous Coronary Intervention (PCI), other revascularization, Ischemic Vascular Disease (IVD) 	
Compliance	
<ul style="list-style-type: none"> Patients who were dispensed at least one high-intensity or moderate-intensity statin medication using their Priority Health pharmacy benefit during the measurement year. 	
Exclusions	
<ul style="list-style-type: none"> Cirrhosis End-stage renal disease (ESRD) Dialysis Pregnancy In vitro fertilization (IVF) A prescription for clomiphene (estrogen agonists) Myalgia Myopathy Myositis Rhabdomyolysis Advanced Illness and Frailty Hospice Palliative care 	
<p>Exclusions must be reported annually through claim submissions during the measurement year. If your patient meets exclusion criteria, refer to the statin exclusion codes.</p>	

Statin medications

Statin medications covered by our Medicare Advantage plans	
High Intensity	Moderate Intensity
<ul style="list-style-type: none"> Atorvastatin 40-80 mg* Amlodipine-atorvastatin 40-80 mg* Rosuvastatin 20-40 mg* Simvastatin 80 mg* Ezetimibe-simvastatin 80 mg** 	<ul style="list-style-type: none"> Atorvastatin 10-20 mg* Amlodipine-atorvastatin 10-20 mg* Rosuvastatin 5-10 mg* Simvastatin 20-40 mg* Ezetimibe-simvastatin 20-40 mg** Pravastatin 40-80 mg Lovastatin 40 mg* Fluvastatin 40-80 mg

To close the SPC care opportunity, members must use their Priority Health insurance to fill one of these prescriptions by the end of the measurement year.

* Tier 1 medication, available at \$0 for most Medicare Advantage members when filling 90-day prescriptions at preferred retail pharmacies like Meijer, Walgreens and Walmart or mail order.

** Tier 2 medication, available at \$0 for most Medicare Advantage members through 90 day preferred mail-order.

For Priority Health's Approved Drug List, refer to [Priority Health Medicare Formulary - 2025](#)

Tips for closing SPC gaps in care

90-day prescriptions	Review medications and doses	Check for patients' understanding of medication
<ul style="list-style-type: none"> If you determine a statin medication is appropriate, e-prescribe a 90-day quantity with three refills to the patient's preferred retail pharmacy 90-day refills are available through mail-order pharmacy, with most statins being \$0 for several Medicare plan benefits Encourage patients to fill prescriptions using their health plan pharmacy benefit <p>Note: Claims filled through pharmacy discount programs and cash claims won't close care gaps.</p>	<ul style="list-style-type: none"> During each visit, review and document all medications and supplements with the patient When possible, remove medications no longer needed and/or reduce dosages To help boost adherence, update active prescriptions to match how they take their statin <p><i>(i.e. call in a new script for atorvastatin 20 mg tablets vs. directing patient to split tablets of a 40 mg fill)</i></p>	<ul style="list-style-type: none"> Make sure your patients know why you're prescribing a medication Clearly explain what they are, what they do, and how to manage potential side effects Discuss the importance of taking their medications as prescribed Consider trying a different statin and/or reducing the dose or frequency if patients are experiencing adverse effects. If appropriate, determine the signs/symptoms qualify as an exclusion.

Talking points to help support medication adherence in your patients

Patient barriers	Provider talking points
Why are cholesterol lowering drugs right for me?	<ul style="list-style-type: none">• Statins are effective at lowering the risk of heart disease and stroke, as well as cholesterol levels• The U.S. Preventive Services Task Force recommends low-to-moderate dose statins in adults 40-75 years who have one or more risk factors for cardiovascular disease, regardless of cholesterol levels¹
I experienced side effects after taking a statin. Should I be worried?	<ul style="list-style-type: none">• Statin use is an important part of lowering your risk of cardiovascular (CV) events• Encourage patients to contact their pharmacist or provider to discuss alternate drugs or dosing strategies to improve tolerance
My medications cost too much. Are there alternatives for affordable medications?	<ul style="list-style-type: none">• 90-day supply tier 1 medications are covered for most Priority Health Medicare members for a \$0 copay at a preferred retail pharmacy or mail order
How do I remember to fill my statin?	<ul style="list-style-type: none">• Talk to your patients or their caregivers about how they can enroll in mail-order pharmacy or in a refill reminder program through their pharmacy
It's difficult for me to get to the pharmacy. What alternatives are available for me to get my medications?	<ul style="list-style-type: none">• Suggest your patient obtain prescriptions from a mail-order pharmacy• Ask the patient to check with family members or a caregiver to help pick-up prescriptions
How can I easily track my medications?	<ul style="list-style-type: none">• Ask the patient's pharmacy to synchronize medications so they're all filled on the same day• Encourage the use of a pillbox or phone calendar reminders to help patients take their medications at the correct time(s)

U.S. Preventive Services Task Force:

www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication

Tips for coding SPC exclusions

Certain adverse reactions to a statin medication may exclude the patient from the measure, if properly documented. To exclude patients who cannot tolerate statins based on any of the exclusion criteria, **a claim must be submitted annually** using the appropriate codes. If your patient has one of the conditions listed below, they're eligible for exclusion from this measure.

- Myalgia, Myositis, Myopathy, Rhabdomyolysis
 - Patients on low dose statins that cannot tolerate moderate or high intensity statins may be excluded if one of these conditions apply
- Myalgia or rhabdomyolysis caused by a statin any time during the patients history
- Palliative care
- Hospice services
- Any of the following during the measurement year, or year prior:
 - Pregnancy, IVF or a Clomiphene prescription (estrogen agonists)
 - End-stage renal disease (ESRD) or dialysis
 - Cirrhosis
- Are age 66 and older with advanced illness during the measurement year, or year prior **and** frailty during the measurement year
 - (Frailty: two indications at different dates of service; Advanced Illness: two indications at different dates of service or dispensed dementia medication; applicable codes can be found in the SUPD & SPC comprehensive exclusion codes list).

Exclusion condition	ICD-10-CM codes
Myalgia	M79.10–M79.12, M79.18
Myositis	M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
End stage renal disease (ESRD)	N18.5, N18.6, Z99.2
Pregnancy	Numerous > 1k
Exclusion condition	CPT and HCPCS Codes
Dialysis	90935, 90937, 90945, 90947, 90997, 90999, 99512, G0257, S9339
Exclusion condition	HCPCS Codes
In vitro fertilization (IVF)	S4015, S4016, S4018, S4020, S4021

Using virtual care to document and submit an exclusion condition

You can use virtual care to confirm and document your patient's exclusion condition in their medical record. To submit this documentation, simply bill the non-reimbursable HCPCS code G9781 for the amount of \$0.01 with the applicable ICD-10 code attached. This will remove your patient from the SPC measure.

To ensure accuracy in documentation, please code your patients' diagnoses to the highest level of specificity (for additional information, see the SUPD & SPC comprehensive exclusion codes list).

Want to learn more about our programs that can help close care gaps for your patients, our members? Contact your ACN's Provider Network Management Specialist.