

## Statin Therapy for Patients with Cardiovascular Disease (SPC)



### Measure Description

The percentage of males 21 – 75 years of age and females 40 – 75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication during the measurement year.

- The measure is a weight of one (1) Star and is part of the **STARs P4P Incentive Program**.
- Patients are identified as having ASCVD via an event in the year prior to the measurement or an ischemic vascular disease (IVD) diagnosis.

### Call to Action

- **Ensure** all patients with cardiovascular disease are prescribed **a high or moderate-intensity statin at least once**.
- **Consider** prescribing one of the low-cost **generic statin medications**.

### Measure Requirements

Fills are based solely on prescriptions processed at the pharmacy under the Part D benefit. Samples and medications provided at no cost to patient and Health Plan are not counted.

- Please note only one fill of a statin medication is required for this measure. If a patient obtains two fills, they will be included to the **Medication Adherence Cholesterol (MAC)** measure.
- The statin medications listed below apply to this measure and to the **Statin Use in Persons with Diabetes (SUPD)** and Medication Adherence Cholesterol (MAC) measures.

### Exclusions (Any time during the measurement year)

- Cirrhosis
- Dispensed minimum 1 Rx for Clomiphene
- End-stage renal disease (ESRD) or Dialysis
- Muscular pain disease due to statin intolerance
- Pregnancy
- IVF
- Hospice
- Palliative Care

### 2023 Formulary

Tiers	High-Intensity Statins	Moderate-Intensity Statins	
Tier 1 *	Atorvastatin 40-80 mg	Atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg	Lovastatin 40 mg
	Simvastatin 80 mg	Simvastatin 20-40 mg	Fluvastatin 40 mg bid
	Amlodipine-Atorvastatin 40-80 mg	Amlodipine-Atorvastatin 10-20 mg	
	Ezetimibe-Simvastatin 80 mg	Ezetimibe-Simvastatin 20-40 mg	

\*Lowest copay of all tier levels



Please **fax** medical records to **877-741-9186**  
Contact us with questions at **Stars\_Support@uhcsouthflorida.com**  
or speak to your Health Plan Representative.