

# What You Need to Know:

## Centers for Medicare & Medicaid Services Part C Measure — Statin Therapy for Patients With Cardiovascular Disease



UnitedHealthcare understands you're busy, which is why we want to help you stay on top of information from the Centers for Medicare & Medicaid Services (CMS). This guide has the details you need to know about the Statin Therapy for Patients With Cardiovascular Disease (SPC) Part C measure — so you can successfully address the care opportunity in your patients.

### Defining the SPC measure

CMS defines this measure as the percentage of male Medicare members ages 21-75 or female Medicare members ages 40-75 who have clinical atherosclerotic cardiovascular disease (ASCVD) and receive at least one fill of a high- or moderate-intensity statin medication during the measurement year.

Members who have clinical ASCVD are identified through medical claim/encounter data. They're defined as those who had:

- An inpatient hospitalization for a myocardial infarction (MI) in the prior measurement year
- Coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI) or other revascularization in the prior measurement year
- A diagnosis of ischemic vascular disease in both the current and prior measurement year

Members who meet the following criteria are excluded from the SPC measure when the appropriate diagnosis code is received on a claim:

Exclusion	Timeframe
<b>Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year</b>	Any time during the measurement year
<b>Myalgia, myositis, myopathy or rhabdomyolysis</b>	Any time during the measurement year

(continued)

Exclusion	Timeframe
<p><b>Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.<sup>†</sup> Advanced illness is indicated by one of the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Two or more outpatient, observation, emergency (ER) or non-acute inpatient visits on separate dates of service with a diagnosis of advanced illness</b></li> <li>• <b>One or more inpatient visit(s) with a diagnosis of advanced illness and dispensed a dementia medication: donepezil, galantamine, rivastigmine or memantine</b></li> </ul>	<p><b>Frailty</b> diagnosis must be in the measurement year.</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or prior measurement year.</p>
<p><b>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</b></p> <ul style="list-style-type: none"> <li>• <b>Enrolled in an institutional special needs plan (I-SNP)</b></li> <li>• <b>Living long term in an institution<sup>†</sup></b></li> </ul>	<p>Any time during the measurement year</p>
<p><b>Medicare members who have:</b></p> <ul style="list-style-type: none"> <li>• <b>Cirrhosis</b></li> <li>• <b>Been dispensed at least one prescription for clomiphene</b></li> <li>• <b>End-stage renal disease (ESRD)</b></li> <li>• <b>A diagnosis of pregnancy</b></li> <li>• <b>In vitro fertilization</b></li> </ul>	<p>Any time during the measurement year or the year prior to the measurement year</p>

### Understanding measure rationale

The SPC measure is based on cholesterol guidelines from the American College of Cardiology/American Heart Association (ACC/AHA). The guidelines recommend patients with clinical ASCVD be treated with a high- or moderate-intensity statin.<sup>1,2</sup>

- The guidelines identified four groups of patients who may benefit from a statin because the potential benefit for lowering ASCVD risks exceeds the potential for adverse effects in adults. One of the groups included people with clinical ASCVD.
- Randomized controlled trials reviewed by the expert panel showed starting high- or moderate-intensity statins was critical to the reduction of ASCVD events. On average, a daily dose of moderate-intensity statins lowered low-density lipoprotein cholesterol (LDL-C) by 30 percent to less than 50 percent. A daily dose of high-intensity statins lowered LDL-C by 50 percent or more.

### Reaching the SPC target goal

To successfully meet CMS requirements, men and women who fit the measure definition must be on a **high- or moderate-intensity** statin medication, if clinically appropriate. The care opportunity is addressed when a member who has clinical ASCVD has at least one prescription fill for a high- or moderate-intensity statin or statin combination using their Part D benefit during the measurement year.



<sup>†</sup> Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

<sup>1</sup> Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;00:000–000. Accessed 12/11/2018.

<http://circ.ahajournals.org/content/circulationaha/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>

<sup>2</sup> Grundy, S., Stone, N., Bailey, A., Beam, C., Birtcher, K., Blumenthal, R., Braun, L., de Ferranti, S., Faiella-Tommasino, J., Forman, D., Goldberg, R., Heidenreich, P., Hlatky, M., Jones, D., Lloyd-Jones, D., Lopez-Pajares, N., Ndumele, C., Orringer, C., Peralta, C., Saseen, J., Smith, S., Sperling, L., Virani, S. and Yeboah, J. (2018). 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. [online] [http://www.onlinejacc.org/content/early/2018/11/02/j.jacc.2018.11.003?\\_ga=2.254610568.1420954589.1545174582-210462200.1544567894](http://www.onlinejacc.org/content/early/2018/11/02/j.jacc.2018.11.003?_ga=2.254610568.1420954589.1545174582-210462200.1544567894) . Available at: [http://www.onlinejacc.org/content/early/2018/11/02/j.jacc.2018.11.003?\\_ga=2.254610568.1420954589.1545174582-210462200.1544567894](http://www.onlinejacc.org/content/early/2018/11/02/j.jacc.2018.11.003?_ga=2.254610568.1420954589.1545174582-210462200.1544567894) [Accessed 18 Dec. 2018].

## Tips and best practices for closing the care opportunity

We appreciate the time you spend managing ASCVD in your patients who are UnitedHealthcare Medicare Advantage plan members. The following ideas can help make it easier for you to identify members who have clinical ASCVD and haven't received a high- or moderate-intensity statin fill this year, and next steps you can take with their treatment plan.

- **Review your Patient Care Opportunity Report (PCOR) every month.** Check the Member Adherence tab to find members with open care opportunities. Those without a high- or moderate-intensity statin fill this year will be marked with an "X" under the **Statin Use in Patients With Cardiovascular Disease** measure.
- **Log in to UHCCareConnect through Link to review members with open care opportunities.**
  - Under the **Quality** drop-down menu, select **Member Rx Adherence** to view your patient list.
    - Members without a high- or moderate-intensity statin fill this year will be marked with a "Gap" under the SPC measure.
- **Consider prescribing a high- or moderate-intensity statin, as appropriate.** If you determine medication is appropriate, please send a prescription to the member's preferred pharmacy.<sup>3</sup>

Statins shown in this table are available on a member's UnitedHealthcare Medicare Advantage formulary.<sup>4</sup> **To close the SPC care opportunity, a member must use their insurance card to fill one of these statins or statin combinations in the strengths/doses listed by the end of the measurement year.**

Members who qualify for the SPC measure and the Statin Use in Persons With Diabetes (SUPD) measure must fill one of the statins in the strengths/doses listed in the table to address both care opportunities.

Formulary Tier	High-Intensity Statin <sup>6</sup>	Moderate-Intensity Statin <sup>6</sup>	
Tier 1 <sup>5</sup>	Atorvastatin 40–80 mg	Atorvastatin 10–20 mg	Lovastatin 40 mg
	Rosuvastatin 20–40 mg	Pravastatin 40–80 mg	
	Simvastatin 80 mg	Simvastatin 20–40 mg	
		Rosuvastatin 5–10 mg	
Tier 2	Fluvastatin 40 mg bid <sup>8</sup>	Amlodipine-atorvastatin 40–80 mg <sup>7</sup>	Amlodipine-atorvastatin 10–20 mg <sup>7</sup>
Tier 3	Ezetimibe-simvastatin 80 mg <sup>9</sup>	Ezetimibe-simvastatin 20–40 mg <sup>9</sup>	
		Livalo <sup>®</sup> 2–4 mg	

**Contact us to learn more.** For more information about how our programs can help support your patients who are UnitedHealthcare Medicare Advantage plan members, please contact your UnitedHealthcare representative. Thank you.



<sup>3</sup> Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

<sup>4</sup> The formulary and pharmacy network may change at any time.

<sup>5</sup> Lowest copay of all tier levels

<sup>6</sup> **Medication adherence tip taken from package inserts, which were written by the medication manufacturer: Atorvastatin, rosuvastatin, pravastatin and Livalo can be taken at any time during the day. Simvastatin, lovastatin (immediate release) and fluvastatin must be taken in the evening. Please see each medication's package inserts for specific details.**

<sup>7</sup> The 10-80 mg is referring to atorvastatin strength.

<sup>8</sup> For fluvastatin, only the 40 mg bid dosing prescription will close the SPC care opportunity.

<sup>9</sup> The 20-80 mg is referring to simvastatin strength. According to the package insert, simvastatin 80 mg isn't recommended for new starts.

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