

# Statin Therapy for Patients With Diabetes (SPD)

## New for 2024

### Updated

- Method for identifying advanced illness in exclusions

### Clarified

- Laboratory claims cannot be used for select exclusions, including palliative care, frailty, advanced illness, ESRD, cirrhosis, myalgia and others

## Definition

Percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

- **Received statin therapy** – Members who were dispensed at least 1 statin medication of any intensity during the measurement year
- **Statin adherence 80%** – Members who remained on a statin medication of any intensity for at least 80% of the treatment period

**Important note:** The **treatment period** is defined as the earliest prescription dispensing date in the measurement year for any statin medication at any intensity through the last day of the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<b>Administrative</b> <ul style="list-style-type: none"> <li>• Claim/Encounter Data</li> <li>• Pharmacy Data</li> </ul>

\*Please refer to **SUPD** for the Part D measure

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## Medications

To comply with this measure, one of the following medications must have been dispensed:

Drug Category	Medications
<b>High-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>• Amlodipine-atorvastatin 40–80 mg*</li> <li>• Atorvastatin 40–80 mg</li> <li>• Ezetimibe-simvastatin 80 mg**</li> <li>• Rosuvastatin 20–40 mg</li> <li>• Simvastatin 80 mg</li> </ul>
<b>Moderate-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>• Amlodipine-atorvastatin 10–20 mg*</li> <li>• Atorvastatin 10–20 mg</li> <li>• Ezetimibe-simvastatin 20–40 mg**</li> <li>• Fluvastatin 40–80 mg</li> <li>• Lovastatin 40 mg</li> <li>• Pitavastatin 1–4 mg</li> <li>• Pravastatin 40–80 mg</li> <li>• Rosuvastatin 5–10 mg</li> <li>• Simvastatin 20–40 mg</li> </ul>
<b>Low-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>• Ezetimibe-simvastatin 10 mg**</li> <li>• Fluvastatin 20 mg</li> <li>• Lovastatin 10–20 mg</li> <li>• Pravastatin 10–20 mg</li> <li>• Simvastatin 5–10 mg</li> </ul>

\*The 10–80 mg is referring to atorvastatin strength.

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## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members who died</li> <li>Members receiving palliative care</li> <li>Myalgia, myositis, myopathy or rhabdomyolysis diagnosis</li> <li>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:                             <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution*</li> </ul> </li> </ul>	<p>Any time during the measurement year</p>
<p>Members 66 years of age and older as of December 31 of the measurement year with frailty <b>and</b> advanced illness. Members must meet <b>both</b> frailty and advanced illness criteria to qualify as an exclusion:</p> <ul style="list-style-type: none"> <li><b>Frailty:</b> At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).</li> <li><b>Advanced Illness:</b> Indicated by one of the following:                             <ul style="list-style-type: none"> <li>At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).</li> <li>Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine.</li> </ul> </li> </ul>	<p><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</p>
<ul style="list-style-type: none"> <li>Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81</li> <li>Dispensed at least one prescription for clomiphene</li> <li>End Stage Renal Disease (ESRD): N18.5, N18.6, Z99.2</li> <li>Dialysis</li> <li>Members with a diagnosis of pregnancy</li> <li>In vitro fertilization</li> <li>Members without a diagnosis of diabetes who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes</li> </ul>	<p>Any time during the measurement year or the year prior to the measurement year</p>
<ul style="list-style-type: none"> <li>Coronary artery bypass grafting (CABG)</li> <li>Myocardial infarction</li> <li>Other revascularization procedure</li> <li>Percutaneous coronary intervention (PCI)</li> </ul>	<p>Any time during the year prior to the measurement year</p>
<p>A diagnosis of ischemic vascular disease (IVD) via outpatient visit, telephone visit, e-visit or virtual check-in, acute inpatient encounter without telehealth modifier or acute inpatient discharge</p>	<p>Any time during the year prior to the measurement year and the measurement year (must be in both years)</p>

\*Supplemental and medical record data may not be used for the frailty with advanced illness exclusion.

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## Tips and Best Practices to Help Close This Care Opportunity:

- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.
- **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.\*
  - To address the SPD care opportunity, a member must use their insurance card to fill one of the statins or statin combinations in the strengths/doses listed in the "Medications" table on the previous page by the end of the measurement year.

\*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. Co-pays apply after deductible.