

# Medication Adherence Statin Use – HEDIS Measures Provider Tip



## Improving Quality Outcomes

Line of Business: ● Medicaid

### STATIN USE

HEDIS Measure	Description
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC-E)</b>	The percentage of persons 21–75 years of age during the measurement period who were <b>identified as having</b> clinical <b>atherosclerotic cardiovascular disease (ASCVD)</b> and at least one dispensed for high, moderate, or low intensity statin medication with <b>PDC at least 80%</b> during the measurement period.
<b>Statin Therapy for Patients With Diabetes (SPD-E)</b>	The percentage of persons 40–75 years of age during the measurement period <b>with diabetes who do not have</b> clinical <b>atherosclerotic cardiovascular disease (ASCVD)</b> and at least one dispensed for high, moderate, or low intensity statin medication with <b>PDC at least 80% during</b> the measurement period.

**Action:** For your convenience, a list of high – and moderate – intensity statin medications

High – Intensity *		Moderate – Intensity *	
atorvastatin 40, 80 mg	lovastatin 40 mg	simvastatin 20, 40 mg	rosuvastatin 5, 10 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg	atorvastatin 10, 20 mg	

\*Not an all-inclusive list, review pharmacy formulary

### To improve HEDIS measure:

HEDIS Measure	To improve HEDIS Measure
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC-E)</b>	<ul style="list-style-type: none"> <li>Explain the role of statins in <b>secondary prevention</b> of cardiovascular events.</li> <li>Emphasize the importance of <b>adherence</b> to moderate/high-intensity statins.</li> <li>Encourage patients to report <b>side effects</b> and explore alternatives or dose adjustments.</li> <li>Promote <b>Medicaid 60-Day Supply Program for Statin Therapy</b> to improve adherence.</li> <li>Use pharmacy claims to track adherence; cash payments or samples do not count toward compliance.</li> <li>Consider <b>telehealth</b> follow-ups and initiative-taking appointment scheduling to maintain continuity of care.</li> </ul>

HEDIS Measure	To improve HEDIS Measure
<b>Statin Therapy for Patients With Diabetes (SPD-E)</b>	<ul style="list-style-type: none"> <li>■ Educate patients that diabetes increases risk for heart disease and stroke.</li> <li>■ Explain how statins help prevent cardiovascular complications.</li> <li>■ Reinforce the need to take medications as prescribed for full benefit.</li> <li>■ Encourage use of pharmacy benefits (not discount programs or samples).</li> <li>■ Promote <b>Medicaid 60-Day Supply Program for Statin Therapy</b> for convenience and adherence.</li> <li>■ Address side effects proactively and document any exclusions (e.g., myalgia, pregnancy).</li> <li>■ Collaborate with pharmacists and schedule regular follow-ups to monitor adherence</li> </ul>

### Pharmacy Program:

Our members have access to Peach State Health Plan **Medicaid 60-Day Supply Program for Statin Therapy and Controller Inhalers**. This initiative is designed to improve health outcomes by ensuring that patient have continuous access to essential maintenance medications while reducing refill burdens

#### Key Program Details:

- Eligible Medicaid members can now receive a **60-day supply** of statin medications and controller inhalers instead of the standard 30-day supply.
- This program aims to improve adherence for patients with chronic conditions such as hyperlipidemia, and asthma/COPD.
- Providers are encouraged to **prescribe 60-day supplies** for eligible members **when clinically appropriate**.

#### Prior Authorization for Non-Preferred Agents:

- If a patient requires a **non-preferred** statin or inhaler, **prior authorization (PA)** will be **required** before approval.
- To avoid delays in medication access, we recommend prescribing preferred agents when possible (**review pharmacy formulary [www.pshpgeorgia.com/providers/pharmacy.html](http://www.pshpgeorgia.com/providers/pharmacy.html)**).
- If a non-preferred medication is necessary, please submit a PA request with supporting clinical justification through our secure electronic **PA portal by Cover My Meds** at [www.covermymeds.com](http://www.covermymeds.com) or complete a **Medication Prior Authorization form** and **fax to Pharmacy Service at 1-833-582-2342**.
- If you have any questions or need assistance with prior authorizations, please contact us at **1-866-399-0982**.

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