

HEDIS MEASURE OVERVIEW

Statin Therapy for Patients With Diabetes (SPD)

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Cardiovascular disease is the leading cause of death in the U.S. Individuals with diabetes are twice as likely to have cardiovascular disease or a stroke compared to people without diabetes. Taking a statin, a type of drug that lowers the amount of cholesterol in the blood, can help reduce the risk of cardiovascular disease.^{1,2}

Measure description

The percentage of patients 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. The following rates are reported:

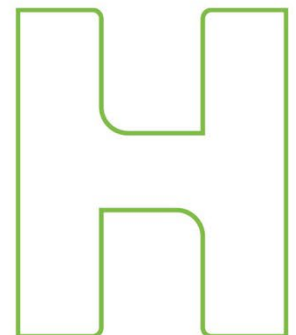
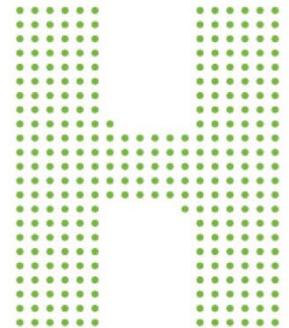
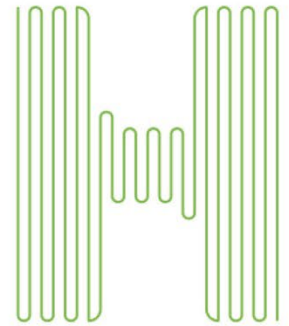
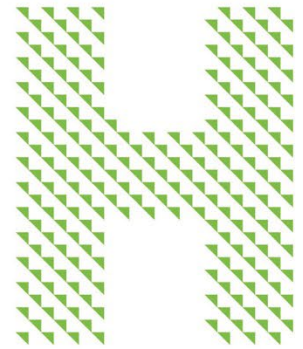
- Received statin therapy – patients who were dispensed at least one statin medication of any intensity during the measurement year
- Statin adherence 80% – patients who remained on a statin medication of any intensity for at least 80% of the treatment period

Who is included in the SPD measure?

People 40–75 years of age during the measurement year with diabetes who did not have ASCVD.

Measure best practices

- Routinely arrange the next appointment for consistent follow-up and monitoring.
- Listen to patients' concerns and make them an active part of shared decision-making.
- Prescribe and encourage the use of 90-day refills once the right statin and dose are established.
- Have the patient check to see if their pharmacy offers delivery service or if they can get prescriptions from a mail-order pharmacy.
- Educate diabetic patients on how statins can help prevent adverse cardiovascular events.
- Document any exclusions in the medical record and submit any necessary diagnosis codes.
- Encourage patients to inform you of any adverse side effects and consider prescribing an alternate statin, as necessary. Hydrophilic statins like pravastatin, fluvastatin and rosuvastatin may have lower risks of myalgia side effects.



- Notes:
 - Sample medications given do not count toward the measure.
 - The index prescription start date (IPSD) is the earliest prescription dispensing date for any statin medication of any intensity during the measurement year.
 - The treatment period begins on the IPSD through the last day of the measurement year.
 - The proportion of days covered (PDC) is the number of days the patient is covered by at least one statin medication prescription of appropriate intensity, divided by the number of days in the treatment period.
 - If multiple prescriptions for different medications are dispensed on the same day, calculate the number of days covered by a statin medication (for the numerator) using the prescriptions with the longest days' supply. For multiple different prescriptions dispensed on different days with overlapping days' supply, count each day in the treatment period only once toward the numerator. If multiple prescriptions for the same medication are dispensed on the same day or on different days, sum the days' supply and use the total to calculate the number of days covered by a statin medication (for the numerator). For example, three prescriptions for the same medication are dispensed on the same day, each with a 30-day supply. Sum the days' supply for a total of 90 days covered by a statin. Subtract any days' supply that extends beyond Dec. 31 of the measurement year.

Exclusions

- Patients in hospice or palliative care
- Patients with at least one of the following during the year prior to the measurement year: an inpatient discharge with a myocardial infarction or in any setting a coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI) or other revascularization
- Patients with an ischemic vascular disease (IVD) diagnosis in both the measurement year and year prior
- Patients who are pregnant, underwent in vitro fertilization (IVF), who had a prescription dispensed for clomiphene, with end-stage renal disease, are on dialysis or with cirrhosis during the measurement year or the year prior
- Patients with myalgia, myositis, myopathy or rhabdomyolysis during the measurement year
- Myalgia or rhabdomyolysis caused by a statin any time during the patient's history through Dec. 31 of the measurement year
- Patients 66 years of age and older with at least two indications of frailty **and** advanced illness on different dates of service
- Patients who died anytime during the measurement year
- Medicare patients 66 years of age and older who are enrolled in an Institutional Special Needs Plan or live long-term in an institution any time during the measurement year

High-, moderate- and low-intensity statin medications

Description	Prescription
High-intensity statin therapy	Atorvastatin 40–80 mg
	Amlodipine-atorvastatin 40–80 mg
	Rosuvastatin 20–40 mg
	Simvastatin 80 mg
	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	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 40–60 mg
	Fluvastatin 40–80 mg
	Pitavastatin 1–4 mg
Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg
	Fluvastatin 20 mg
	Lovastatin 10–20 mg
	Pravastatin 10–20 mg
	Simvastatin 5–10 mg

Consult the Humana formulary for prescription coverage at <https://provider.humana.com/pharmacy-resources/tools/humana-drug-lists>.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2026: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

¹ National Committee for Quality Assurance. (2025) *HEDIS Measurement Year 2025: Volume 1 Narrative*.

² “Statins and Diabetes: What You Should Know,” Centers for Disease Control and Prevention, last accessed April 08, 2025, www.cdc.gov/diabetes/diabetes-complications/statins-and-diabetes.html?CDC_AAref_Val

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