

Statin Use in Persons with Diabetes (SUPD)

Clinical Rationale

According to the American Diabetes Association, atherosclerotic cardiovascular disease (ASCVD) is the leading cause of morbidity and mortality for individuals with diabetes. The American College of Cardiology/American Heart Association guidelines recommend moderate- to high-intensity statin therapy for primary prevention in patients with diabetes ages 40-75.

Patients included in the measure are:

- › Individuals 40-75 years old
- › Two or more fills of a diabetes medication, including insulin*
- › First diabetes medication fill must occur at least 90 days before the end of the measurement year

*Dapagliflozin or empagliflozin are only included when used in combination with metformin or other diabetes medication.

SUPD Measure Fulfillment

One fill of any statin medication per calendar year is required.

Measurement Exclusions

Patients with any one of the following events or conditions at any time during the measurement year are excluded from the measure:

- › Hospice
- › End-stage renal disease
- › Rhabdomyolysis, myositis or myopathy
- › Pregnancy, lactation or fertility treatment
- › Cirrhosis
- › Pre-diabetes
- › Polycystic ovarian syndrome (PCOS)

Note: The diagnosis code for the applicable condition must be submitted on a claim to exclude the patient. The condition the diagnosis code refers to doesn't have to necessarily occur in the same year the diagnosis code was submitted. The member's medical chart should reflect a "history of" the condition if the condition isn't acute. These diagnosis codes are intended to close Star measure gaps and don't apply to payment or reimbursement. Only the diagnosis codes for the conditions above will exclude the member from the SUPD measure. Patients must be excluded each measurement year. The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare. This measure cannot be attested to for fills or exclusions in the Quality Care Rewards (QCR) application in Availity®.

Intolerance without Contraindication to Statin Medication

If a patient shows intolerance, but not contraindication to a statin medication, consider these options:

- › Assess the patient for drug interactions
- › Check for contributing factors such as hypothyroidism or vitamin D deficiency
- › Switch to a more hydrophilic statin (rosuvastatin or pravastatin)
- › Try alternate day-dosing with a long-acting statin (atorvastatin or rosuvastatin) and write the prescription accordingly

Improving Patient Adherence

To improve patient adherence to statins, try:

- › Clarifying statin benefits. Educate on the importance of statins for diabetes patients older than 40, regardless of low-density lipoprotein (LDL) levels.
- › Putting statin risks in perspective. Liver disease linked to statins is very rare. Statins don't cause dementia or cancer. Muscle pain is rarely harmful.
- › Avoiding relying on supplements. Fish oil supplements aren't a reliable substitute for statins and red yeast rice isn't safer than statins.

Sources

American Diabetes Association. Standards of Medical Care in Diabetes – 2022. Diabetes Care. 2022;45(Suppl. 1):S1-S259

Grundy SM, Stone NJ, Bailey AL, et al. 2018 ACC/AHA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019 | Volume 139, Issue 25: e1046–e1081.

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