

PROVIDER TIPS TO BOOST PERFORMANCE AND ELEVATE PATIENT CARE: STATIN USE IN PERSONS WITH DIABETES (SUPD)

Measure definition:

The percentage of patients who were dispensed diabetes medications and received a statin medication during the measurement year. A higher rate indicates better performance.

Measure compliance (numerator):

The number of patients 40–75 years old who were dispensed one or more statin medications of any intensity during the measurement year.

Measure population (denominator):

The number of patients 40–75 years old who were dispensed two or more diabetes medications with different dates of service during the measurement year.

Formulary Statins

- **Low-intensity statins (lowers low-density lipoprotein cholesterol [LDL-C] by less than 30%)**
 - lovastatin 20 mg
 - pravastatin 10 mg, 20 mg
 - simvastatin 10 mg
- **Moderate-intensity statins (lowers LDL-C by 30%–49%)**
 - atorvastatin 10 mg, 20 mg
 - lovastatin 40 mg
 - pravastatin 40 mg, 80 mg
 - rosuvastatin 5 mg, 10 mg
 - simvastatin 20 mg, 40 mg



STATIN USE IN PERSONS WITH DIABETES (SUPD) *Continued*

- **High-intensity statins (lowers LDL-C by 50% or greater)**

- atorvastatin 40 mg, 80 mg
- rosuvastatin 20 mg, 40 mg

Exclusions

- Hospice care services
- Cirrhosis
- End-stage renal disease (ESRD) diagnosis or dialysis covered days
- Polycystic ovary syndrome (PCOS)
- Prediabetes
- Pregnant, lactating or undergoing fertility treatment (e.g., clomiphene)
- Rhabdomyolysis, myopathy or myositis
- One or more prescription claims for bempedoic acid or a proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor without any claims for a statin medication

Exclusion Codes (ICD-10-CM)

- Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69
- ESRD: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
- Myositis: M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9
- Myopathy: G72.0, G72.89, G72.9
- Rhabdomyolysis: M62.82
- Prediabetes or Other Abnormal Glucose: R73.03, R73.09
- PCOS: E28.2
- Lactation: O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1
- Pregnancy: O00.101, O00.102 and more than 1,000 additional codes

Provider Tips and Best Practices

1. Prescribe formulary statins to all patients aged 40–75 years with diabetes, regardless of LDL-C level.
2. All exclusions are identified on an **annual** basis, and ICD-10-CM coding must be submitted within the measurement year.
3. Educate patients on the importance of statins for heart disease prevention and reinforce the need to take all medications as prescribed.
4. Once patients demonstrate tolerance of statin therapy, consider writing for 100-day supplies for greater convenience and fewer pharmacy trips.
5. Remind patients to contact their provider if they are experiencing adverse effects from medication.
6. Consider switching to a different statin medication or reducing the dose or frequency if patients are experiencing adverse effects.
7. Support medication adherence by reminding patients about refill synchronization, auto-refill and mail-order options.
 - SortPak Pharmacy provides synchronized medication delivery and organizes medications into pouches sorted by day and time at no additional cost. For more information, call **1-877-570-7787** or visit sortpak.com. Prescriptions may be faxed to **877-475-2382** or e-prescribed to NCPDP/NABP 0524733.
8. Consolidate medications into single-pill combination therapies to reduce pill burden when possible.
9. Instruct patients to fill prescriptions using their Medicare Part D pharmacy benefit, especially when utilizing discount programs. Gap closure is dependent on Medicare Part D pharmacy claims.

Did You Know?

- The Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System assesses medication adherence for certain classes of chronic medications.
- Members are deemed adherent when the proportion of days in the measurement period covered by prescription claims for medications in the therapeutic category is at least 80%.

STATIN USE IN PERSONS WITH DIABETES (SUPD) *Continued*

References

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3. Writing Committee Members, Blumenthal RS, Morris PB, et al. 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. Published online March 13, 2026. doi:10.1161/CIR.0000000000001423
4. American Diabetes Association Professional Practice Committee. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2026. *Diabetes Care*. 2026;49(Supplement_1):S216–S245 doi:10.2337/dc25-S010.