Statin use in persons with diabetes (SUPD)

Using statins to prevent coronary events in Medicare patients with diabetes

The American College of Cardiology (ACC)/American Heart Association (AHA) Guidelines recommend moderate- to high-intensity statin therapy for primary prevention in patients with diabetes ages 40-75. Beginning with the 2017 measurement year, the Centers for Medicare & Medicaid Services (CMS) adopted a related Pharmacy Quality Alliance measure within the CMS Star Ratings program.

Q: How is the SUPD measure fulfilled?

A: One fill of any statin medication per calendar year satisfies the SUPD measure. Note that PCSK9 inhibitors and other, non-statin, cholesterol lowering medications do not satisfy the measure

Inclusion criteria for measure

Patients ages 40-75 who used their insurance coverage to fill diabetes medication(s)* two or more times, and the first fill is at least 90 days prior to the end of the measurement year.

Patients not included in metric

Patients who control diabetes without prescription medications or who do not use their insurance coverage to pay for them.

Patients who had only one fill of diabetes medication in the measurement year.

Patients with excluded conditions, which are listed in the table below. Exclusion codes must be captured in current measurement year to remove patient from measure.

Updated List of Exclusions for the SUPD Measure:

EXCLUDED CONDITIONS	ICD-10 CODE	DESCRIPTION
Cirrhosis	K70.30	Alcoholic cirrhosis of liver without ascites
	K70.31	Alcoholic cirrhosis of liver with ascites
	K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
	K74.60	Unspecified cirrhosis of liver
End Stage Renal Disease	N18.5	Chronic kidney disease, stage 5
	N18.6	End stage renal disease
	N19	Renal failure, unspecified
	Z99.2	Dependence on renal dialysis
Lactation	O92.70	Unspecified disorders of lactation
	Z39.1	Encounter for care and examination of lactating mother
Polycystic Ovarian Syndrome (PCOS)	E28.2	Polycystic ovarian syndrome
Prediabetes	R73.03	Prediabetes
	R73.09	Other abnormal blood glucose
Pregnancy	O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
	O48.0	Post-term pregnancy
	Z33.1	Pregnant state, incidental
	Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Muscular Adverse Effects	G72.0	Drug-induced myopathy
	G72.9	Myopathy, unspecified
	M60.80	Other myositis, unspecified site
	M62.82	Rhabdomyolysis

*Does not include Dapagliflozin and empagliflozin as monotherapy.

Q: Which patients with diabetes are most likely to benefit from statin therapy?

A: According to the ACC and AHA, statin therapy for the primary prevention of atherosclerotic cardiovascular disease (ASCVD) is strongly recommended for individuals with diabetes ages 40-75 and for those with an LDL of 70-189 mg/dL and without clinical ASCVD. Moderate-intensity statin therapy is associated with an ASCVD event risk reduction of 25%, resulting in a similar level to that of people without diabetes mellitus.[1]

Q: What is the leading cause of death for individuals with diabetes?

A: ASCVD is the leading cause of morbidity and mortality for individuals with diabetes and the largest contributor to the direct and indirect costs of diabetes.[2]

Q: What if a patient shows intolerance, but not contraindication, to a statin medication?

A: Consider options such as:

- A different statin medication
- A coenzyme (CoQ10) supplement
- Alternate-day dosing – Be sure to send an updated prescription to reflect new directions and quantity so that adherence is assessed correctly
- Increased water intake
- Vitamin D supplementation, if deficient[3]

For detailed steps, use the ACC's Statin Intolerance Tool. **Use the ACC's Statin Intolerance Tool**.