Statin Use in Persons with Diabetes (SUPD)

How is the SUPD measure defined?

- To be included in the measure, the patient must be 40–75 years of age and with at least two diabetes medication fills on different dates of service during the measurement (calendar) year.[1]
- To satisfy the SUPD measure, the patient must have at least one fill of any intensity statin medication per measurement (calendar) year.[1]
  Note: Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitor medications such as Praluent and Repatha do not satisfy the SUPD measure.
- For patients who qualify for SUPD and the Healthcare Effectiveness Data and Information Set (HEDIS®) measure Statin Therapy for Patients With Cardiovascular Disease (SPC), a moderate- to high-intensity statin is recommended.
- A higher rate represents better performance.[1]

Who should be excluded from the SUPD measure?

Beneficiaries who are enrolled in hospice, are pregnant or lactating and those with end-stage renal disease (ESRD), rhabdomyolysis, myopathy, cirrhosis, pre-diabetes or polycystic ovary syndrome (PCOS) are not included in the SUPD rate. See the excluded conditions table below.

Low-intensity statin therapy

Daily dose lowers LDL-C on average by less than 30%

- Simvastatin 10 mg
- Pravastatin 10–20 mg
- Lovastatin 20 mg
- Fluvastatin 20–40 mg

Moderate-intensity statin therapy

Daily dose lowers LDL-C on average between 30% and 50%

- Atorvastatin 10 (20) mg
- Rosuvastatin (5) 10 mg
- Simvastatin 20–40 mg†
- Pravastatin 40 (80) mg
- Lovastatin 40 mg
- Fluvastatin XL 80 mg
- Fluvastatin 40 mg twice daily
- Pitavastatin 1–4 mg

High-intensity statin therapy

Daily dose lowers LDL-C on average by at least 50%

- Atorvastatin (40)–80 mg
- Rosuvastatin 20 (40) mg

Excluded condition	ICD-10 codes
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
Lactation	O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1
PCOS	E28.2
Pre-diabetes	R73.03, R73.09
Pregnancy*	O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209
Rhabdomyolysis or myopathy	G72.0, G72.89, G72.9, M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9, M62.82, T46.6X5A
Fertility	N/A – captured via pharmacy claims (clomiphene)
Hospice	N/A – please use HCPCS, SNOMED CT or UBREV codes

* ICD-10 code list is not comprehensive. Please contact a Humana representative with any questions.

Humana®

Frequently asked questions

Why is primary prevention with statin medication for patients with diabetes critical?

- Atherosclerotic cardiovascular disease (ASCVD) is the leading cause of morbidity and mortality for individuals with diabetes, and it's the largest contributor to the direct and indirect costs of diabetes.[2]
- Moderate-intensity statin has shown a risk reduction of 25% in ASCVD events, resulting in a risk level similar to that of people without diabetes.[3]

What if mild-to-moderate muscle symptoms develop during statin therapy?[4]

- Discontinue the statin therapy until the symptoms can be evaluated.
- Evaluate the patient for other conditions that might increase the risk of muscle symptoms.
- If muscle symptoms resolve and if no causal relationship between the muscle symptoms or other contraindication exists, continue with statin therapy.
- If a causal relationship exists, discontinue the original statin. Once muscle symptoms resolve, use a low dose of a different statin.

What conditions could predispose patients to statin side effects?[4]

- Older than 75 years of age
- Asian ancestry
- Impaired renal function
- Impaired hepatic function
- History of hemorrhagic stroke
- Unexplained alanine aminotransferase test elevation more than three times the upper limits of normal
- History of previous statin intolerance to muscle disorder

What are some ways to reduce risk of statin muscle symptoms?

- Before starting statin therapy, document current and previous muscle symptoms.
- Screen for drug/food interaction.
- Ensure statin dose is adjusted for renal and/or hepatic impairment, as needed.
- Avoid simvastatin 80 mg daily.
- Set patient expectation that side effects can be managed if they occur.

References

1. PQA Statin Use in Persons with Diabetes: https://www.pqaalliance.org/appropriate-medication-use
2. American Diabetes Association; 8. Cardiovascular Disease and Risk Management. Diabetes Care 1 January 2016; 39 (Supplement_1): S60–S71. https://doi.org/10.2337/dc16-S011
3. Grundy, Scott M., et al. Grundy, Scott M., et al. "2018AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines." Journal of the American College of Cardiology (2018): 25709.
4. Stone, Neil J., et al. "2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults." Journal of the American College of Cardiology (2013).

Additional references

ICD-10-CM created by the National Center for Health Statistics, under authorization by the World Health Organization. WHO-copyright holder (cdc.gov)
The American Academy of Professional Coders (AAPC) (https://www.aapc.com)

† The use of simvastatin doses up to 80 mg is limited to patients who have been taking 80 mg chronically (e.g., 12 or more months) without evidence of muscle toxicity, according to the Food and Drug Administration.

Humana.

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.

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.

The HEDIS measures and specifications were developed by and are owned by NCQA. The HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures and specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2025 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications. The full text of this notice and disclaimer is available here.

813710ALL0825-F

Humana®