

# 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 old and with at least two diabetes medication fills on different dates of service during the measurement (calendar) year.<sup>1</sup>
- To satisfy the SUPD measure, the patient must have at least **one** fill of **any** intensity statin medication per measurement (calendar) year.<sup>1</sup>
- 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.<sup>1</sup>

## 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 excluded conditions table below.

‡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 per the Food and Drug Administration.

Excluded Condition	ICD-10 Code(s)
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

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

**Note:** Change in 2023 - T46.6X5A Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter removed as an exclusion.



### 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**

## 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<sup>2</sup>
- 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<sup>3</sup>

### What if mild-to-moderate muscle symptoms develop during statin therapy?<sup>4</sup>

- Discontinue the statin 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?<sup>4</sup>

- Older than 75 years old
- 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:

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