



## Statin Use in Persons with Diabetes (SUPD) Tip Sheet

### **What is the CMS Star Rating Program?**

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov) to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

### **Measure Description**

**Weight: 1**

To lower their risk of developing heart disease, most people with diabetes should take cholesterol medication. This rating is based on the percent of plan members with diabetes who take the most effective cholesterol-lowering drugs.

### **Measure Source**

- Prescription Drug Event (PDE) data
- 1/1 – 12/31

### **Stars/Quality Specifications**

Percentage of continuously enrolled Medicare Part D beneficiaries, ages 40-75 years old, who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period.

### **Strategies for Success**

- Patient must get at least one statin medication of any intensity during the measurement year using their Medicare Part D benefit.
- Be open to discussing different options and switching medications if needed for intolerance or developed myalgias. Think “low and slow” for re-introduction. Make sure to document the appropriate ICD-10-CM exclusion codes every year if this does occur with a claim.
- Discuss the importance of adherence and encourage 90-day supply prescriptions through their pharmacy or mail-order pharmacy.

### **Notable Drug/Other Interactions to Statin Medications:**

- Calcium Channel Blockers (verapamil, diltiazem).
- Antiarrhythmic drugs (amiodarone, digoxin).
- Some antibiotics (erythromycin, clarithromycin).
- Some antifungals (ketoconazole, voriconazole, fluconazole).
- Some transplant mediations (cyclosporine, tacrolimus, sirolimus).
- Some antivirals (darunavir, ritonavir, or atazanavir).
- Colchicine.
- Warfarin.
- Paxlovid.
- Fenofibrate cholesterol-lowering meds.
- Grapefruit juice.
- Alcohol.

### Coding and Documentation Tips

#### Exclusions that must be submitted annually:

Patients who cannot tolerate statin medications (example HCPCS G9781 with the applicable ICD-10 code attached).

#### Exclusions:

CONDITIONS	ICD-10-CM-CODE EXAMPLES
Cirrhosis	K84.69, K74.60
ESRD diagnosis or dialysis coverage dates	I12.0, I13.11, I13.2, N18.5, N18.6
Myopathy	G72.9, G72.89, G72.0
Myositis	M60.80, M60.9
Rhabdomyolysis	M62.82
Pre-Diabetes	O99.280, R73.03
PCOS	E28.2
Pregnancy/Lactation/Fertility	O09.00, O92.79
Hospice Enrollment	

#### Medications:

2018 Cholesterol Clinical Practice Guidelines: Executive Summary

**Table 3. High-, Moderate-, and Low-Intensity Statin Therapy\***

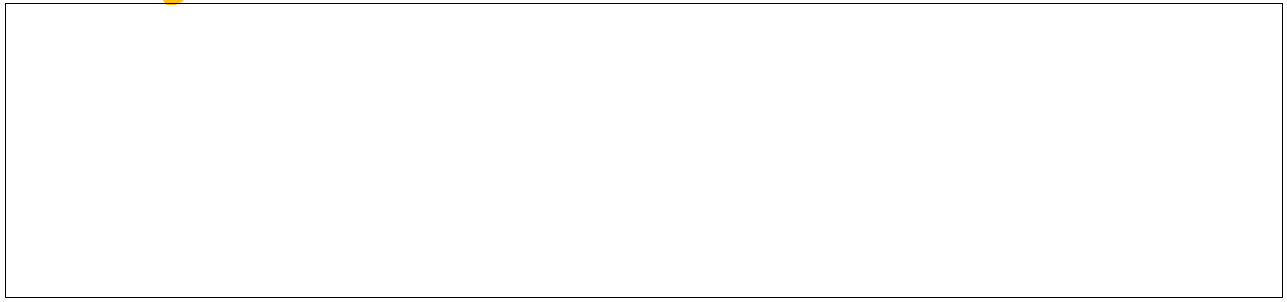
	High Intensity	Moderate Intensity	Low Intensity
LDL-C lowering†	≥50%	30%–49%	<30%
Statins	Atorvastatin (40 mg†) 80 mg Rosuvastatin 20 mg (40 mg)	Atorvastatin 10 mg (20 mg) Rosuvastatin (5 mg) 10 mg Simvastatin 20–40 mg§	Simvastatin 10 mg
	...	Pravastatin 40 mg (80 mg) Lovastatin 40 mg (80 mg) Fluvastatin XL 80 mg Fluvastatin 40 mg BID Pitavastatin 1–4 mg	Pravastatin 10–20 mg Lovastatin 20 mg Fluvastatin 20–40 mg

\*table referenced from [AHAjournals.org](http://AHAjournals.org)

If an alternative option is needed due to side effects, consider rosuvastatin (Crestor) as it has a more favorable drug interaction profile, high potency, and can be used less frequently (2-3x weekly):

- Tier 1: atorvastatin, lovastatin, pravastatin, simvastatin
- Tier 2: rosuvastatin

Please note that while they are non-formulary, fluvastatin, pitavastatin, and combination drugs of ezetimibe/simvastatin, amlodipine/atorvastatin will all satisfy the requirement.



**If you have questions, please contact your provider relations specialist.**