

# Statin Therapy for Patients with Diabetes (SPD)

## MEASURE DESCRIPTION

Percentage of your patients 40-75 years of age with diabetes, who do not have clinical atherosclerotic cardiovascular disease (ASCVD), who met the following criteria<sup>1</sup>:

- Received Statin Therapy: Patients who were dispensed at least one statin medication of any intensity during the measurement year.
- Statin Adherence 80%: Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.

Statin Medications		Statin Combination Products
<ul style="list-style-type: none"> <li>• Atorvastatin</li> <li>• Rosuvastatin</li> <li>• Simvastatin</li> <li>• Pravastatin</li> </ul>	<ul style="list-style-type: none"> <li>• Lovastatin</li> <li>• Fluvastatin</li> <li>• Pitavastatin</li> </ul>	<ul style="list-style-type: none"> <li>• Atorvastatin-Amlodipine*</li> <li>• Simvastatin-Ezetimibe*</li> </ul>
*not covered under 2022 formulary		

## APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

## EXCLUSIONS

Patients are excluded if they:

- Received hospice or palliative care during the measurement year
- Were diagnosed with IVD both in the measurement year and the year prior
- Had MI, CABG, PCI, or other revascularization during the year prior to the measurement year
- Are female patients with a diagnosis of pregnancy, IVF, or dispensed clomiphene during the measurement year or the year prior
- Were diagnosed with ESRD or had dialysis during the measurement year or the year prior
- Were diagnosed with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year
- Are Medicare patients 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution
- Are age 66 and older with advanced illness and frailty (for additional definition information see the Advanced Illness and Frailty Exclusions Guide)

## TIPS FOR SUCCESS

### Prescribing

- Educate patients on the importance of statin medications for diabetic patients in reducing cardiovascular risk, regardless of cholesterol levels
- Demonstrate risk for patients using a risk calculator tool, such as the American College of Cardiology (ACC) [ASCVD Risk Estimator Plus](#)
- Begin with a low dose and gradually move to a higher dose to avoid side effects
- Identify and resolve patient-specific adherence barriers or concerns, such as the statin's health benefits, side effects, cost, and timely refills
- Consider prescribing a low-cost generic statin medication to reduce the financial burden of your patient
- Communicate that statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve cholesterol reduction
- Be aware that medication samples, when given, interfere with pharmacy claims and produce false non-adherence results
- Encourage the use of pill boxes or medication organizers

### Symptom Management

Although muscle symptoms may occur, true statin intolerance is uncommon. Given the benefits of statins in ASCVD risk reduction for patients with diabetes, clinicians should partner with the patient to gain a thorough symptom history and determine if he or she is truly statin intolerant.

Recommendations for statin intolerance issues include:

- Employ a statin intolerance tool, such as the [ACC's Statin Intolerance Tool](#)
- Consider dose, frequency, or prescribing changes and rechallenge strategies if symptoms are reported
- Remind patients to contact you if they think they are experiencing adverse effects to statins
- Once patients demonstrate they can tolerate statin therapy, encourage them to obtain 90-day supplies at their pharmacy
- Develop a medication adherence plan with patient and advise them to set up reminders

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<sup>i</sup> National Committee for Quality Assurance. HEDIS® Measurement Year 2022 Volume 2 Technical Specifications for Health Plans