

# Alameda Alliance Wellness Measure Tip Sheet



## Statin Use in Persons with Diabetes (SUPD)

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance and strategies to help clinical teams improve performance on Part D pharmacy measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at [DeptStarsTeam@alamedaalliance.org](mailto:DeptStarsTeam@alamedaalliance.org).

**Measure Description:** This measure evaluates the percentage of Medicare members with diabetes who received a statin medication filled during the measurement year to reduce their risk of developing heart disease.

**Measure Compliance (numerator):** Members from the eligible population who received a statin medication fill during the measurement year.

**Measure Population (denominator):** Medicare Part D beneficiaries, 40-75 years old, with at least two (2) diabetes medication fills on unique dates of service during the measurement year, and the first prescription fill date for a diabetes medication occurs at least 90 days prior to the end of the measurement year.

**Exclusions:** The following members are excluded from the denominator if at any time during the measurement period:

- Cirrhosis
- ESRD diagnosis or dialysis coverage dates
- Hospice Enrollment
- Polycystic Ovary Syndrome
- Pre-Diabetes
- Pregnancy, Lactation, and Fertility
- Rhabdomyolysis and Myopathy

## High-Intensity and Moderate-Intensity Statin

High intensity statin (lowers LDL by >50%)	Moderate-intensity statin therapy (lower LDL by 30-49%)
Atorvastatin 40-80 mg	Atorvastatin 10-20 mg
Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg
Amlodipine-Atorvastatin 40-80 mg	Simvastatin 20-40 mg
Ezetimibe-Simvastatin 80 mg	Pravastatin 40-80 mg
Simvastatin 80 mg	Lovastatin 40 mg
	Fluvastatin XL 80 mg
	Pitavastatin 1-4 mg
	Amlodipine-Atorvastatin 10-20 mg
	Ezetimibe-Simvastatin 20-40 mg

### How to Improve Your Stars Performance

- Hydrophilic statins such as Pravastatin and Rosuvastatin are less likely to cause myopathy.
- For patients with diabetes and Atherosclerotic Cardiovascular Disease (ASCVD), high-intensity statin therapy is recommended.
- The addition of Ezetimibe or a PCSK9 inhibitor is recommended if the goal is not achieved on maximum tolerated statins or intolerant to statins. These drugs may require prior authorization.
- Bempedoic acid is a novel LDL-lowering agent that avoids direct muscle effects; it may require prior authorization.
- A two (2)-week washout period is recommended for statin-associated muscle side effects.