



## Statin Use in Persons with Diabetes (SUPD)

Pharmacy Quality Alliance-endorsed performance measures

### Measure description

Percentage of patients who were dispensed a diabetes medication and are receiving statin therapy.

### Measure population (denominator)

Patients age 40–75 years old who were dispensed at least two diabetes medication fills during the measurement year.

### Measure compliance (numerator)

Patient dispensed at least one statin medication of **any** intensity during the measurement year using their Medicare Part D benefit.

### Did you know?

- Patients with diabetes have an increased prevalence of lipid abnormalities, which contributes to their increased risk of cardiovascular disease.
- Statins are effective at lowering cholesterol and protecting against a heart attack and stroke.
- The American College of Cardiology/American Heart Association (ACC/AHA) and the American Diabetes Association guidelines all recommend using statins in patients with diabetes for cardiovascular risk reduction.

#### Statin Medications: Generic and Brand Names

<b>Atorvastatin</b> (Lipitor, Caduet)	<b>Lovastatin</b> (Altoprev)	<b>Pravastatin</b> (Pravachol)	<b>Simvastatin</b> (Zocor, Vytorin)
<b>Fluvastatin</b> (Lescol XL)	<b>Pitavastatin</b> (Livalo, Zypitomag)	<b>Rosuvastatin</b> (Crestor, Ezallor), Roszet)	

**Note:** Patients must use their Medicare Part D pharmacy benefit as gap closure is dependent on pharmacy claims. Statins found in combination medications (i.e., Caduet, Vytorin, and Roszet) meet the measure.

## Exclusions

- Myositis, myopathy or rhabdomyolysis during the measurement year
- Prediabetes
- End stage renal disease (ESRD)
- Cirrhosis
- Pregnant, lactating or undergoing fertility treatment
- Polycystic ovarian syndrome (PCOS)
- Received hospice services anytime during the measurement year

## Helpful hints

- Prescribe at least one statin medication during the measurement year to patients age 40-75 diagnosed with diabetes.
- Educate patients on the importance of statin medications for patients with diabetes age 40-75, regardless of LDL levels.
- Discuss with patients the importance of taking their medications as prescribed.
- Once patients demonstrate that they tolerate statin therapy, encourage them to obtain 90-day supplies through their pharmacy or mail-order pharmacy.
- Consider adding directives to prescriptions instructing the pharmacy to run it through the patients' Medicare Part D pharmacy benefit, especially when utilizing discount programs.
- Instruct patients to fill prescriptions using their Medicare Part D pharmacy benefit.
  - Discount programs, VA or commercial benefits, cash claims, and medication samples will not close an SUPD gap.
  - Gap closure is dependent on Medicare Part D pharmacy claims.
- Medication costs are often less when patients use their pharmacy benefit.
- Remind patients to contact their practitioner if experiencing medication adverse effects.
- Consider trying a different statin or reducing the dose or frequency if patients are experiencing adverse effects.

## Tips for coding

- To exclude patients who cannot tolerate statin medications, a claim **must** be submitted **annually** using the appropriate ICD-10-CM code.
- These codes are intended to close Star measure gaps and do not apply to payment or reimbursement. Only the codes listed below will exclude the patient from the SUPD measure.
- Providers may use virtual care to confirm and document the exclusion diagnosis in the medical record. They should then bill the non-reimbursable HCPCS code G9781 for \$0.01 with the applicable ICD-10 code attached to process the claim and remove the patient from the Star measure.

Condition	ICD-10-CM code
<b>Cirrhosis</b>	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69
<b>ESRD</b>	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
<b>Pregnancy and/or Lactation</b>	Numerous > 1k
<b>Polycystic Ovarian Syndrome</b>	E28.2
<b>Pre-diabetes</b>	R73.03
<b>Other abnormal blood glucose</b>	R73.09
<b>Myopathy, drug induced *</b>	G72.0
<b>Myopathy, Other specified *</b>	G72.89
<b>Myopathy, unspecified *</b>	G72.9
<b>Myositis, other *</b>	M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879
<b>Myositis, unspecified *</b>	M60.9
<b>Rhabdomyolysis *</b>	M62.82

\*The condition the code refers to does not necessarily need to occur in the same year the code was billed. The member's medical chart should reflect 'history of'.

## Resources

1. American College of Cardiology (ACC) / American Heart Association (AHA). 2019. "ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease."  
[jacc.org/doi/10.1016/j.jacc.2019.03.010?\\_ga=2.111587588.1694140041.1718720098-1154138379.1718720098](https://doi.org/10.1016/j.jacc.2019.03.010?_ga=2.111587588.1694140041.1718720098-1154138379.1718720098)
2. Mangione, Carol M. 2022. "Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: US Preventive Services Task Force Recommendation Statement." JAMA : the Journal of the American Medical Association (0098-7484), 328 (8), p. 746.  
<https://jamanetwork.com/journals/jama/fullarticle/2795521>
3. American Diabetes Association Professional Practice Committee. 2025. "10. Cardiovascular disease and risk management: Standards of Care in Diabetes—2025." [diabetesjournals.org/care/article/48/Supplement\\_1/S207/157549/10-Cardiovascular-Disease-and-Risk-Management?searchresult=1](https://diabetesjournals.org/care/article/48/Supplement_1/S207/157549/10-Cardiovascular-Disease-and-Risk-Management?searchresult=1)

Pharmacy Quality Alliance (PQA) is a national quality organization dedicated to improving medication safety, adherence and appropriate use. PQA measures are included in the Medicare Part D Star Ratings.

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