

Statin therapy for patients with diabetes

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Achieve 90% patient statin therapy adherence with a personalized approach

Adults 40–75 years of age with diabetes, who do or do not have clinical atherosclerotic cardiovascular disease (ASCVD), should be started on a statin for primary and secondary prevention of ASCVD regardless of lipid status.¹

Studies show that statin use reduces comorbidities and mortality from heart disease and non-adherence to statins may increase cardiovascular events and even death.²

Clinicians play a powerful role in ensuring their patients are adherent to their statin therapies. In fact, 90% of patients can be successfully adherent to statin therapy with a personalized approach.

Call to action: We created [this video](#) to offer clinicians best practices in helping their patients remain adherent to their statin therapies.

The following 7 strategies can help increase adherence to statin therapy in your patients:

1. Initiate statin therapy for patients with diabetes or clinical ASCVD as appropriate
 - For diabetics without ASCVD, use *moderate intensity* statin for primary prevention.²
 - For diabetics with ASCVD, use *high intensity* statin for secondary prevention.¹
 - Low intensity statins are not recommended unless unable to tolerate moderate or high intensity.⁴

Medications	
One of the following medications must have been dispensed to satisfy the SUPD measure.	
Drug Category	Medications
Statin medication	<ul style="list-style-type: none"> · Lovastatin · Fluvastatin · Pravastatin · Simvastatin · Rosuvastatin · Atorvastatin · Pitavastatin
Statin combination products	<ul style="list-style-type: none"> · Atorvastatin / amlodipine · Atorvastatin / ezetimibe · Lovastatin / niacin · Simvastatin / ezetimibe · Simvastatin / niacin · Simvastatin / sitagliptin
Timeframe	Standard exclusion(s)
Any time during the measurement year	<ul style="list-style-type: none"> · End-stage renal disease · Hospice · Rhabdomyolysis or myopathy · Pregnancy, lactation, or fertility · Liver disease · Pre-diabetes · Polycystic ovary syndrome (PCOS)

2. If a statin is not suitable for a patient, document exclusion criteria with the appropriate ICD-10 code.
3. Educate patients about the long-term cardiovascular benefits of statin therapy and potential side effects.
4. Try a lower dose, different statin, or consider intermittent statin therapy if there were previous statin-associated side effects.

Intensity and dose of statin therapy		
High Intensity	Moderate Intensity	Low Intensity
Daily dose lowers LDL-C on average by $\approx \geq 50\%$	Daily dose lowers LDL-C on average by $\approx 30\%$ to $<50\%$	Daily dose lowers LDL-C on average by $<30\%$
Atorvastatin 40-80 mg Rosuvastatin 20-40 mg	<ul style="list-style-type: none"> · 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 bid · Pitavastatin 2-4 mg 	<ul style="list-style-type: none"> · Simvastatin 10 mg · Pravastatin 10-20 mg · Lovastatin 20 mg · Fluvastatin 20-40 mg · Pitavastatin 1 mg

5. Inform patients that a significant number of generic statin medications are available for \$0 for a 90-day supply on most plans
6. Encourage patients to use their plan ID card to fill statin medications
7. Watch [this video](#) to learn best practices on helping improve statin therapy adherence and your organization's overall quality and STARS performance.

References:

1 2013 ACC/AHA Prevention Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults, A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129:S1-S45, June 24, 2014. <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>

2 American College of Cardiology, The New 2017 American Diabetes Statement on Standards of Medical Care in Diabetes: Reducing Cardiovascular Risk in Patients with Diabetes, May 22, 2017. <https://www.acc.org/latest-in-cardiology/articles/2017/05/22/11/00/new-2017-american-diabetes-statement-on-standards-of-medical-care-in-diabetes>

3 CMS, 2019 Medicare-Medicaid Plan Performance Data Technical Notes. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination/Office/FinancialAlignmentInitiative/Downloads/MMPPerformanceDataTechNotes.pdf>

4 Cochrane Database Syst Rev. 2013:CD004816

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