

Understanding Statin Use in Persons with Diabetes (SUPD) measures

As health care providers, staying informed about the Centers for Medicare & Medicaid Services (CMS) measures is crucial for maintaining high-quality care and ensuring compliance with regulatory standards. One such measure that has garnered significant attention is the Statin Use in Persons with Diabetes (SUPD) measure.

What is the SUPD Measure?

The SUPD measure is the percentage of members with diabetes ages 40–75 who receive at least one fill of a statin medication in the measurement year.

Measure Medications:

- Atorvastatin
- Amlodipine-atorvastatin
- Ezetimibe-simvastatin
- Fluvastatin
- Lovastatin
- Pitavastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Why is the SUPD Measure Important?

Cardiovascular disease is the leading cause of death among people with diabetes.¹

- Reducing LDL-C levels by ~39 mg/dL with statin therapy can reduce heart disease and stroke mortality by 13%, regardless of the baseline LDL cholesterol levels.¹
- Nearly 60% of statin-eligible patients were never offered statin therapy by their doctor.² Moreover, 50% of adults in the United States who would benefit from statins are taking them.³
- Up to 34% of patients never fill the initial statin prescription (primary non-adherence).⁴

Excluding Patients from the SUPD Measure

Certain patients may not tolerate statin medications and can be excluded from the SUPD measure. Much like the process of removing patients from HEDIS measure denominators, the exclusion diagnosis for this measure must be coded annually.

To exclude these patients, 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 measures.

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

Best Practice and Measure Tips

- Prescribe at least one statin medication during the measurement year to patients diagnosed with diabetes.
- Medication samples, when given, could interfere with pharmacy claims and produce false non-adherence results.
- This measure overlaps with the Statin Therapy for Patients with Cardiovascular Disease measure. Patients with ASCVD should be prescribed a moderate-intensity or high-intensity statin.

- This measure overlaps with the Medication Adherence for Cholesterol (Statins) measure.
- Educate patients on the importance of statin medications for diabetic patients over the age of 40, regardless of LDL levels.
- Remind patients to contact you if they think they are experiencing adverse effects, such as myalgia. Consider trying a different statin that is more hydrophilic or reducing the dose or frequency.

For further information and resources on the SUPD measure, please visit the CMS website or contact our quality improvement team.

References:

1. American Diabetes Association Professional Practice Committee. 10. Cardiovascular disease and risk management: Standards of Care in Diabetes—2024. *Diabetes Care* 2024;47(Suppl. 1):S179–S218
2. Bradley CK, Wang TY, Li S, et al. *Patient-Reported Reasons for Declining or Discontinuing Statin Therapy: Insights From the PALM Registry. Journal of the American Heart Association.* 2019;8(7). doi: <https://doi.org/10.1161/jaha.118.011765>
3. Wall HK, Ritchey MD, Gillespie C, Omura JD, Jamal A, George MG. *Vital Signs: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — United States, 2011–2016.* *MMWR Morb Mortal Wkly Rep* 2018;67:983–991. DOI: <http://dx.doi.org/10.15585/mmwr.mm6735a4>
4. 2 Tarn DM, Barrientos M, Pletcher MJ, et al. *Perceptions of Patients with Primary Nonadherence to Statin Medications. The Journal of the American Board of Family Medicine.* 2021;34(1):123-131. doi: <https://doi.org/10.3122/jabfm.2021.01.200262>