Statin Use in Persons With Diabetes (SUPD)

We value everything you do to deliver quality care to our members – your patients. We appreciate your commitment to their positive healthcare experience.

Quality measures

Centers for Medicare & Medicaid Services (CMS) Star Ratings uses this statin therapy measure to evaluate health plans in Measurement Year 2026.

Measure	Description
Inclusion criteria	Patients ages 40–75 with at least two diabetes medications dispensed on unique dates of service.
Compliance/gap closure	Any intensity of statin filled in the measurement year through the patient's Part D benefit.

SUPD exclusions (not an all-inclusive list)

Patients enrolled in hospice or with a diagnosis of end-stage renal disease (ESRD), rhabdomyolysis, myopathy, pregnancy, lactating, fertility, cirrhosis, prediabetes and/or polyendocrine metabolic ovarian syndrome (PMOS) (formerly known as polycystic ovary syndrome (PCOS)).

New exclusion in 2026: Any member who has filled a PCSK-9 inhibitor or bempedoic acid in 2026.[1]

Action

Talk to your patients about statins and add clinically appropriate therapy to promote atherosclerotic cardiovascular disease prevention in patients with diabetes.

Initial prescription for 90-100 days recommended to provide sufficient time for follow-up

Statin medications				Statin combination medications
• Atorvastatin	• Lovastatin	• Pravastatin	• Simvastatin	• Atorvastatin and amlodipine
• Fluvastatin	• Pitavastatin	• Rosuvastatin		• Ezetimibe and simvastatin

In patients ages 40–75 with diabetes, either moderate or high-intensity statin recommended based on risk factors.[2,3]

(continued)

Patient barriers	Talking points
My cholesterol is fine. I don't need a statin.	• The American Diabetes Association® recommends ALL patients with diabetes should be considered for treatment with a statin regardless of low-density lipoprotein (LDL)-C levels (bad cholesterol).[2,3] • Statins have shown to decrease heart attacks and stroke by 25%.[4] • Patients with diabetes are twice as likely to suffer from a heart attack or stroke.[5]
Last time I took a statin it made my muscles hurt.	• Muscle pain with statins is very rare and occurs in only 5 in every 10,000 patients. • Statin-induced muscle pain usually occurs in the thighs and lower back (not the joints) and goes away after stopping a statin. • Statin-induced muscle pain occurs bilaterally so, if symptoms are unilateral, it may not be related to the statin.

Best practices: Consider a statin rechallenge in patients who previously took a statin last year

Option 1	Option 2	Option 3
Rechallenge the patient with a reduced dose of the same statin.	Trial a different statin. For patients who felt muscle pain, think about using a more water-soluble statin, such as pravastatin or rosuvastatin. They have shown to cause reduced rates of muscle pain.	Trial a high potency statin, such as atorvastatin or rosuvastatin using intermittent dosing every 2 or 3 days.

There is evidence that even very low dose, non-daily statin dosing can provide benefit.[2,3]

References

[1]Center For Medicare. UPDATES – 2026 Medicare Part D Patient Safety Reports. www.cms.gov/files/document/cy-2026-patient-safety-memo-202604.pdf

[2]American Diabetes Association Professional Practice Committee for Diabetes; 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes – 2026. https://doi.org/10.2337/dc26-S010

[3]American Heart Association/American College of Cardiology; 2026 Guideline on the Management of Dyslipidemia. www.ahajournals.org/doi/10.1161/CIR.0000000000001457

[4]Centers for Disease Control and Prevention. www.cdc.gov/cholesterol/docs/Statins-English.pdf

[5]Centers for Disease Control and Prevention. www.cdc.gov/diabetes/library/features/diabetes-and-heart.html

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