

Statin Use in Persons with Diabetes (SUPD)

This measure includes patients aged 40–75 who have filled at least two prescriptions for diabetes medications in the measurement year. A statin prescription filled through the patient’s Part D benefit will satisfy the requirements and close the gap for this measure.

Note: Only prescription drug claims are used to determine both inclusion in and closure of this measure.

Statin Therapy for People with Cardiovascular Disease (SPC)

This measure includes males aged 21–75 and females aged 40–75 with a diagnosis of atherosclerotic cardiovascular disease (ASCVD). A moderate- or high-intensity statin prescription filled through the patient’s Part D benefit will close the gap for this measure.

Note: Medical diagnosis codes are used to determine inclusion in the measure, while pharmacy claims are used to close it.

Statin Intensity Daily Dosing Levels		
High-Intensity Statin Therapy (lowers cholesterol by ≥50%)	Moderate-Intensity Statin Therapy (lowers cholesterol by 30 – 50%)	Low-Intensity Statin Therapy (lowers cholesterol by < 30%)
<ul style="list-style-type: none"> Atorvastatin 40–80 mg (+/- amlodipine) Rosuvastatin 20–40 mg Simvastatin 80 mg (+/- ezetimibe) 	<ul style="list-style-type: none"> Atorvastatin 10–20 mg (+/- amlodipine) Fluvastatin 40–80 mg Lovastatin 40-60 mg Pitavastatin 1-4mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg (+/- ezetimibe) 	<ul style="list-style-type: none"> Fluvastatin 20 mg Lovastatin 10–20 mg Pravastatin 10–20 mg Simvastatin 5–10 mg (+/- ezetimibe)
<p>Fluvastatin 80mg is not covered on all formularies, and when it is covered, the cost-share may vary across different plans.</p>		

Statin Medication Adherence

This measure applies to patients aged 18 and older who have filled at least two statin prescriptions using their Part D benefit. To close the gap, the patient must maintain a medication adherence rate—measured by prescription fill history—that covers at least 80% of days within the measurement year, regardless of the total prescribed therapy duration.

Note: Only prescription drug claims are used to determine both eligibility and adherence for this measure.

Statin Therapy Support Strategies: Closing Gaps, Managing Intolerance and Improving Adherence	
Strategies	Actions
Statin Intolerance Prevention and Management	<p>Evidence shows that while once-daily dosing of a statin is ideal, benefit can still be obtained from taking a statin 1 to 3 times a week.^{3,4}</p> <p>Alternate Dosing Strategy^{3,4}</p> <p>For alternate-day or three-times-per-week statin dosing, choose a statin (e.g., rosuvastatin or atorvastatin), monitor lipid levels, and adjust the dose as needed based on response and tolerability.</p> <p>For once-weekly statin dosing in statin-intolerant patients, consider a longer half-life statin—preferably rosuvastatin or atorvastatin—at a higher dose.</p> <p>Be sure to designate both the quantity and day supply on the prescription to ensure the pharmacy enters the prescription accurately.</p> <p>Educate on the importance of rechecking lipids panels to assess patients’ response to statins.</p>
Educational Talking Points	<p>Educate your patients with diabetes age 40-75 on the importance of statin therapy, regardless of LDL levels.</p> <p>Recommend bedtime dosing for certain statins to align with the body’s natural cholesterol production and improve effectiveness.¹</p> <p>Inform patients about how cholesterol directly affects cardiovascular risk.²</p>


Statin Therapy Support Strategies: Closing Gaps, Managing Intolerance and Improving Adherence

Strategies	Actions
Closing the Gap	<ul style="list-style-type: none"> • Statin Use in Persons with Diabetes (SUPD): Prescribe and fill at least once, a statin (any strength) during the measurement year for patients aged 40–75 with diabetes to close this measure. Patients who meet the SUPD measure and have two statin fills are automatically included in the statin adherence measure, making ongoing refills critical to performance. • Statin Therapy for Patients with Cardiovascular Disease (SPC): Prescribe and fill at least once, a moderate- or high-intensity statin for eligible patients with atherosclerotic cardiovascular disease to close this measure. • Statin Adherence: Encourage patients to fill their statin prescriptions consistently—at least 80% of the time throughout the measurement year—to meet adherence requirements. <p>Notes:</p> <ul style="list-style-type: none"> • Non-statin cholesterol-lowering medications, such as ezetimibe or colesevelam, do not satisfy SUPD requirements and cannot be used to meet measure success. Beginning with the 2026 measurement year, patients who are not on a statin but receive a PCSK9 inhibitor or bempedoic acid will not negatively impact SUPD performance. • Farxiga (dapagliflozin) and Jardiance (empagliflozin) as single agents are no longer considered qualifying drugs for the SUPD measure. • Patients on insulin are included in the SUPD measure. • Medications paid for with cash, discount cards, through the VA, commercial insurance or provided as samples are not counted toward adherence or measure closure. • Only prescriptions processed through the patient’s Medicare Part D benefit are included in CMS measure calculations.
Diagnosing and Managing Muscle Discomfort	<p>If a patient reports muscle pain, use the following tools to help determine whether the symptoms are related to statin use (see the Assessment section for more details):</p> <ul style="list-style-type: none"> • Statin-Associated Muscle Symptoms (SAMS) Assessment • ACC Statin Intolerance Tool <p>If the assessment indicates that the muscle pain is statin-related, consider switching to a different statin or adjusting the dose or frequency of the current regimen.</p> <p>Always notify the pharmacy of any medication changes, including instructions to discontinue any previous prescriptions that are no longer active.</p>
Writing the Prescription	<p>When starting statin therapy, prescribe no more than a 30-day supply. Schedule a follow-up visit within 30 days to evaluate the effectiveness of the dose and address any concerns related to side effects.</p> <p>Once the patient demonstrates both tolerance and therapeutic benefit, adjust the maintenance prescription to allow up to a 100-day supply through their retail or mail-order pharmacy.</p>
Tips for Coding	<p>To exclude patients who are unable to tolerate statin therapy, providers must submit a claim annually using the appropriate ICD-10-CM code.</p> <p>A history of myopathy or rhabdomyolysis does not need to occur in the same year the code is billed; however, the patient’s medical record should clearly document a history of statin intolerance.</p> <p>Important: These ICD-10 codes are used solely for quality reporting purposes to close Star measure gaps. They do not impact payment or reimbursement.</p>

Assessments


Statin-Associated Muscle Symptoms (SAMS) Assessment

SAMS LESS LIKELY		SAMS MORE LIKELY	
Unilateral Non-specific distribution Tingling, twitching, shooting pain, nocturnal cramps or joint pain	Nature of Symptoms	Bilateral Large muscle groups (e.g., thighs, buttocks, calves, shoulder girdle) Muscle ache, weakness, soreness, stiffness, cramping, tenderness or general fatigue	
Onset before statin initiation Onset > 12 weeks after statin initiation	Timing of Symptoms	Onset 4 – 6 weeks after statin initiation Onset after statin dosage increase	
Non-statin causes of muscle symptoms including: <ul style="list-style-type: none"> ▶ Conditions (e.g., hypothyroidism, polymyalgia rheumatica) ▶ Vitamin D deficiency ▶ Unaccustomed/heavy physical activity ▶ Medicines (e.g., glucocorticoids, antipsychotics, immunosuppressant or antiviral agents) 	Other Considerations	Risk factors for SAMS including: <ul style="list-style-type: none"> ▶ Medicine or food interactions ▶ High-dose statin therapy ▶ History of myopathy with other lipid-modifying medicines ▶ Regular vigorous physical activity ▶ Impaired hepatic or renal function ▶ Substance abuse (e.g., alcohol, opioids, cocaine) ▶ Female ▶ Low BMI 	


SCAN THIS QR CODE TO VIEW THE SAMS ASSESSMENT

URL: <https://www.nps.org.au/professionals/managing-lipids/statin-associated-muscle-symptoms-sams>

ACC's Statin Tolerance Tool



AMERICAN COLLEGE of
CARDIOLOGY

Statin Intolerance

🏠
Evaluate
Follow-Up
Drug Compare

Welcome to ACC's Statin Intolerance Tool 🔄 Reset All Data

This tool should be used by clinicians to assess, treat, and manage patients with possible statin intolerance.

Although muscle symptoms may occur, true statin intolerance is uncommon. Given the benefits of statins in ASCVD risk reduction, clinicians should partner with the patient to gain a thorough symptom history and determine if he or she is truly statin intolerant. Walk through the steps of treating and managing a patient who reports muscle symptoms, including cycles of statin discontinuation and rechallenge to identify a tolerated statin and dose.

1. Evaluate ▶


Evaluate possible intolerance to patient's current statin prescription.

2. Follow-Up ▶

Follow steps to treat and manage possible statin-related muscle symptoms.

3. Drug Compare ▶

Compare statin characteristics and drug interactions to determine the best cholesterol-lowering therapy.


SCAN THIS QR CODE TO VIEW THE STATIN TOLERANCE TOOL

URL: <https://tools.acc.org/statinintolerance/#/>

Exclusions

Measure	Exclusions	Common ICD-10/CPT Codes for Exclusions*
Statin Use in Persons with Diabetes (SUPD)	Documented/coded in measurement year: <ul style="list-style-type: none"> • Cirrhosis • Dispensed clomiphene • ESRD • Hospice • PCOS • Pre-diabetes • Pregnancy, lactation, fertility • Rhabdomyolysis or myopathy 	<ul style="list-style-type: none"> • K74.60 Cirrhosis • N18.6 ESRD • Z39.1 Lactation • G72.9 Myopathy • E28.2 PCOS • R73.03 Pre-diabetes • Z33.1 Pregnancy • M62.82 Rhabdomyolysis
Statin Therapy for People with Cardiovascular Disease (SPC)	Documented/coded in measurement year: <ul style="list-style-type: none"> • Age 66+ and living in long-term institution. • Age 66+ with frailty AND advanced illness • Death • Hospice • Myalgia, myositis, myopathy, rhabdomyolysis • Palliative care Documented/coded in current or prior measurement year: <ul style="list-style-type: none"> • Age 66+ and dispensed a dementia drug: Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine • Cirrhosis • Dialysis • Dispensed clomiphene • ESRD • In vitro treatment • Pregnancy 	<ul style="list-style-type: none"> • K74.60 Cirrhosis • 90999 Dialysis • N18.6 ESRD • S4015 In vitro • M79.10 Myalgia • G72.9 Myopathy • M60.9 Myositis • Z33.1 Pregnancy • M62.82 Rhabdomyolysis
Medication Adherence for Statins	Current Year: <ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates 	

*Many more are accepted than those listed.

Adherence Resources

Home Delivery/Mail Order Pharmacies

Amazon Pharmacy

- ▶ **E-scribe:** Amazon Pharmacy Home Delivery
- ▶ **Fax:** 512-884-5981
- ▶ **Call:** 1-855-206-3605
- ▶ **Address:** 4500 S Pleasant Valley Rd., Suite 201
Austin, TX 78744

Walgreens Mail Service

- ▶ **E-scribe:** Walgreens Mail Service: NCPDP 0320793
- ▶ **Fax:** 1-800-215-6612
- ▶ **Call:** 1-800-345-1036

Express Scripts Pharmacy

- ▶ **E-scribe:** Express Scripts Home Delivery
 - ▶ **Fax:** 1-800-837-0959
 - ▶ **Call:** 1-888-327-9791, Option 2
- Note:** Express Scripts will not fill GLP1s.

Dose Packaging Services*

ExactCare Pharmacy

- ▶ **E-scribe:** Search ExactCare Pharmacy by zip code 44125
- ▶ **Fax:** 1-855-355-3480
- ▶ **Call:** 1-877-355-7225, opt. 2
- ▶ **Address:** 8333 Rockside Road, Valley View, OH 44125

PillPack by Amazon Pharmacy

- ▶ **E-scribe:** PILLPACK LLC, DBA PillPack by Amazon
- ▶ **Address:** 250 Commercial Street, Suite 2012
Manchester, NH 03101

**Limited to 30-day supplies. No cost savings available for 90-day supplies with this option.*

References

- 1 ACC/AHA 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
doi: 10.1161/01.cir.0000437738.63853.7a
- 2 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines
doi: 10.1161/CIR.0000000000000625
- 3 Efficacy and Safety of Alternate-Day Versus Daily Dosing of Statins: a Systematic Review and Meta-Analysis
doi: 10.1007/s10557-017-6743-0
- 4 Treatment strategies in patients with statin intolerance: the Cleveland Clinic experience
doi: 10.1016/j.ahj.2013.06.004



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Express Scripts Inc. is an independent company contracted to provide pharmacy benefit management services.
PillPack, Inc., an Amazon company, is an independent online pharmacy which packages and delivers medications to Patrius Health members.