



Statin Use in Persons with Diabetes

CMS – This measure is defined as the percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills and *received a statin medication* fill during the measurement period.

Standards in Diabetes Care Guidance

Primary Prevention for Diabetics¹

- Ages 40-75 without ASCVD use moderate-intensity statin therapy in addition to lifestyle therapy
- Ages 40-75 with higher CV risk use high-intensity statin therapy to reduce LDL by $\geq 50\%$ of baseline (goal $< 70\text{mg/dL}$)

<i>High-Intensity Statin Therapy</i>	<i>Moderate-Intensity Statin Therapy</i>	
Atorvastatin 40-80mg Rosuvastatin 20-40mg	Atorvastatin 10-20mg Rosuvastatin 5-10mg Simvastatin 20-40mg	Pravastatin 40-80mg Lovastatin 40mg Pitavastatin 1-4mg Fluvastatin XL 80mg

Measure Exclusions from the denominator include patients in hospice or using hospice services, patients with end-stage renal disease (ESRD) or dialysis, patients with rhabdomyolysis or myopathy, patients who are pregnant, lactating or undergoing therapy for fertility, patients with cirrhosis, patients with prediabetes, patients with polycystic ovary syndrome (PCOS)

Yearly Exclusions – Coding

Cirrhosis K70.3, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69

Polycystic Ovarian Syndrome E28.2

ESRD & Dialysis I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

Prediabetes* R73.03, R73.09 (*codes for risk factors such as high bp, abnormal cholesterol, history of high blood glucose, & obesity can be added*)

Other Abnormal Blood Glucose R73.09

Rhabdomyolysis, Myopathy, Myositis G72.0, G72.89, G72.9, M60.80, M60.819-79, M60.9, M62.82

**Notice that insulin resistance is not an accepted code for exclusion*

Prediabetes continues to be defined by the presence of impaired fasting glucose (IFG) (100-125 mg/dL) and/or impaired glucose tolerance (IGT) (140-199 mg/dL) at 2 hours of an oral glucose tolerance test (OGTT) with ingestion of 75 g of glucose. A1C values of 5.7% to 6.4% may indicate chronic hyperglycemia and the existence of prediabetes, but an OGTT should be used to confirm diagnosis. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. S.L. Samson, P. Vellanki, L. Blonde et al. Endocrine Practice 29 (2023) 305e340

1) American Diabetes Association Professional Practice Committee. 10. Cardiovascular disease and risk management: Standards of Care in Diabetes—2025. Diabetes Care 2025;48(Suppl. 1):S207–S238. Accessed 12/12/24 by S. Tripode