



Help Your Patients with Diabetes Adhere to Statin Therapy Treatment

Use this tip sheet for best practices, and how to talk to your patients about why they need statins and how to track medications.

Statin Therapy for Persons with Diabetes (SUPD) measure

Target: Beneficiaries, ages 40-75, who were dispensed at least two diabetes medication (oral hypoglycemic or insulin) fills and also a statin medication fill during the measurement year.

Numerator compliance: At least one statin prescription (any intensity) dispensed in the measurement year.

Statin medications

- Atorvastatin
- Pravastatin
- Fluvastatin
- Simvastatin
- Lovastatin
- Rosuvastatin

Combination products

- Atorvastatin and amlodipine
- Ezetimibe and simvastatin

Exclusions

- Hospice
- End-stage renal disease (ESRD)
- Rhabdomyolysis and myopathy
- Pregnancy, lactation and fertility
- Cirrhosis
- Prediabetes
- Polycystic ovary syndrome (PCOS)

Patient barriers

My cholesterol is fine. I don't need a statin.

Last time I took a statin it made my muscles hurt.

Talking points

- 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)!¹
- Statins have shown to decrease heart attacks and stroke by 25%²
- Patients with diabetes are twice as likely to suffer from a heart attack or stroke³
- Muscle pain with statins is very rare and occurs in only five 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.

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¹American Heart Association/American Stroke Association. www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a

²Centers for Disease Control and Prevention. www.cdc.gov/cholesterol/docs/Statins-English.pdf

³Centers for Disease Control and Prevention. www.cdc.gov/diabetes/library/features/diabetes-and-heart.html

Best practices: Consider a statin rechallenge in patients who previously took a statin and discontinued due to side effects.

Option 1	Option 2	Option 3
Rechallenge the patient with a reduced dose of the same statin for 30 days.	<ul style="list-style-type: none"> • Try a 30-day trial of 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 a reduced rate of muscle pain. 	<ul style="list-style-type: none"> • Try a 30-day trial of a high potency statin, such as atorvastatin or rosuvastatin using intermittent dosing every two or three days.

Medication adherence measures

Target: Beneficiaries, ages 18 and older, who had at least two fills of medication(s) on different dates of service and were 80% or more adherent to their medications.

Provider action: Prescribe a 90-day supply of medication when possible. Talk with your patients about staying on track with their prescribed medication throughout the year for the following medications.

Medications for	Medication type	
Cholesterol atorvastatin, simvastatin, rosuvastatin, pravastatin, lovastatin, fluvastatin, ezetimibe-simvastatin, atorvastatin-amlodipine	<ul style="list-style-type: none"> • Statin • Statin combination medications 	Exclusions <ul style="list-style-type: none"> • Beneficiaries enrolled in hospice any time during the measurement period. • Beneficiaries who have ESRD. • Beneficiaries enrolled in inpatient (IP) or skilled nursing facilities (SNF) for the entire measurement period.
Diabetes metformin, glipizide, glimepiride, pioglitazone, acarbose, nateglinide, repaglinide, sitagliptin, linagliptin, dulaglutide, liraglutide, semaglutide, canagliflozin, empagliflozin, dapagliflozin	<ul style="list-style-type: none"> • Biguanides • Sulfonylureas • Thiazolidinediones • DPP-IV inhibitors • GLP-1 agonist • Meglitinides • SGLT2 inhibitors 	Exclusions <ul style="list-style-type: none"> • Beneficiaries who have a prescription claim for insulin in the measurement period. • Beneficiaries enrolled in hospice any time during the measurement period. • Beneficiaries who have ESRD. • Beneficiaries enrolled in IP or SNF for the entire measurement period.
Hypertension – renin-angiotensin system (RAS) antagonists lisinopril, benazepril, enalapril, ramipril, moexipril, fosinopril, candesartan, irbesartan, losartan, valsartan, aliskiren, olmesartan	<ul style="list-style-type: none"> • Ace inhibitors • Angiotensin II receptor blockers (ARBs) • Direct renin inhibitors 	Exclusions <ul style="list-style-type: none"> • Beneficiaries who have a prescription claim for sacubitril/valsartan in the measurement period. • Beneficiaries enrolled in hospice any time during the measurement period. • Beneficiaries who have ESRD. • Beneficiaries enrolled in IP or SNF for the entire measurement period.

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Patient barriers

Talking points

Medications cost too much.	<ul style="list-style-type: none"> • Check for medications in a lower tier on Wellcare’s formulary.
Can’t remember to refill their medications.	<ul style="list-style-type: none"> • Talk to your patients about how they can enroll in a refill reminder program with their pharmacy. • If a patient has a smart device, have them download a free medication adherence app like Dosecast – Pill Reminder and Medication Tracker.
Hard to get to the pharmacy.	<ul style="list-style-type: none"> • Have the patient check if their pharmacy offers delivery service. • Ask the patient to check with family members or a caregiver for help. • Suggest your patient obtain prescriptions from a mail-order pharmacy.
Too many medications to track.	<ul style="list-style-type: none"> • Ask the patient’s pharmacy to synchronize medications so they are all filled on the same day. • Encourage the use of a pillbox or calendar to help patients take their medications each day at the correct time.

Best practices

Give 90-day prescriptions	Review medications regularly	Check for understanding
<ul style="list-style-type: none"> • For chronic medications, prescribe a 90-day quantity with three refills. • Patients can get 90-day refills through their mail-order pharmacy. 	<ul style="list-style-type: none"> • During each visit, review all medications with the patient. • When possible, remove medications no longer needed and reduce dosages. • Check if higher cost medications can be changed to a Tier 1 using Wellcare’s formulary. <p>Note: To view the formulary, visit www.wellcare.com/california and select <i>Pharmacy</i> under <i>Providers</i>.</p>	<ul style="list-style-type: none"> • Make sure your patients know why you are prescribing a medication. • Clearly explain what they are, what they do and how to manage potential side effects.

RxEffect is now available

The Medicare medication adherence tool RxEffect is a platform free to provider groups that offers targeted patient lists, daily claim updates, and strong workflow support for your practice to support medication adherence.

Contact the Quality Improvement department for more details at CQI_Medicare@healthnet.com