

## Statin Use in Person with Diabetes (SUPD) Measure



### Measure Description

The percentage of patients 40 – 75 years of age, who were identified as diabetic during the measurement year and were dispensed at least one statin medication during the measurement year.

- The measure is a weight of (1) star and is part of the **STARs P4P Incentive Program**
- Patients are considered diabetic if they were dispensed two or more prescriptions fills on different dates of service of any oral diabetes medication, injectable incretin mimetics, or insulin during the measurement year.

### Call to Action

- **Ensure** all diabetic patients are prescribed a **statin medication at least once**.
- **Consider** prescribing one of the low-cost **generic statin medications**.
- **Identify** members turning 76 in measurement year and prescribe statin at least a month before they turn 76.

### Measure Requirements

Fills are based solely on prescriptions processed at the pharmacy under the Part D benefit. Samples and medications provided at no cost to patient and Health Plan are not counted.

- Please note only one fill of a statin medication is required for this measure. If a patient obtains two fills, they will be included to the **Medication Adherence Cholesterol (MAC)** measure.
- The statin medications listed below apply to this measure and to the **Statin Therapy for Patients with Cardiovascular Disease (SPC)** and **Medication Adherence Cholesterol (MAC)** measures.

### Exclusions (Any time during the measurement year)

- Members who use hospice services or elect to use hospice benefit
- Members enrolled in Inpatient (IP) or Skilled Nursing Facilities (SNF) for the entire course of a enrollment episode
- End-stage renal disease (ESRD)
- Cirrhosis
- Pre-Diabetes
- Polycystic Ovary Syndrome (PCOS)
- Beneficiaries with rhabdomyolysis or myopathy

2023 Formulary			
Tiers	Statins		
Tier 1*	Lovastatin	Simvastatin	Rosuvastatin
	Atorvastatin	Ezetimibe-Simvastatin	Pravastatin
	Fluvastatin	Amlodipine-Atorvastatin	
Tier 3	Livalo		

\*Preferred Tier



Contact us with questions at [Stars\\_Support@uhcsouthflorida.com](mailto:Stars_Support@uhcsouthflorida.com)  
or speak to your Health Plan Representative.