

Description of the measure

Patients with diabetes should be started on statin therapy for primary prevention of cardiovascular disease events and mortality per American Heart Association (ACC/AHA) 2019 Blood Cholesterol guidelines². This measure applies to patients who meet all of the following:

- Are 40-75 years of age
- Have a diagnosis of diabetes or two fills of a diabetes medication
- Do not have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)

Exclusion(s)

Patients with history of MI, CABG, IVD, PCI, or other revascularization are recommended statin therapy, but are not included in this measure. If the below contraindications were diagnosed during the current year or year prior, please document in the medical record:

- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy or rhabdomyolysis during the current year
- Pregnancy
- In vitro fertilization
- Prescription for clomiphene
- Palliative care

Frequently asked questions

My patient has an LDL at treatment goal and does not need statin therapy. What should I do? This measure is based on recommendations for the majority of diabetic patients. However, providers are encouraged to follow the plan they feel is clinically appropriate for their patients.

Tips for best practice

- Diabetes as per AHA guidelines
- If not appropriate (see exclusions) please document the reason for non-indication in the medical record
- Patients with a history of statin-associated myopathy may better tolerate medications with a lower incidence of muscle-related adverse events (e.g. Pravastatin or Fluvastatin)³
- Encourage patient adherence by prescribing 90-day supply

Description	Prescription of statin (mg)	
Low intensity	Simvastatin 10 Pravastatin 10-20 Lovastatin 20	Fluvastatin 20-40 Pitavastatin 1
Moderate intensity	Atorvastatin 10-20 Rosuvastatin 5-10 Simvastatin 20-40 Pravastatin 40-80	Lovastatin 40 Fluvastatin XL 80 Fluvastatin 40 BID Pitavastatin 2-4
High intensity	Atorvastatin 40-80	Rosuvastatin 20-40

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² <https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/03/07/16/00/2019-acc-aha-guideline-on-primary-prevention-gl-prevention>

³ Bruckert, et al. Cardiovasc Drug Ther, 2005