BlueCross BlueShield of North Carolina MEDICARE

Blue Cross[®] and Blue Shield[®] of North Carolina (Blue Cross NC) | Healthy Blue + MedicareSM (HMO-POS D-SNP)

Combat Diabetes: Close the Statin Therapy Gap for Better Heart Health

At a Glance:

- Statins are recommended for diabetes patients aged 40 to 75 to prevent cardiovascular diseases.
- Statins lower LDL-C and reduce heart disease and stroke mortality by 13%.
- ٠ Adherence to statin therapy is low, with 60% of eligible patients not offered treatment.

Cardiovascular disease is the leading cause of death among people with diabetes.¹ To combat this, national guidelines advocate for statin therapy for all people with diabetes aged 40 to 75, irrespective of LDL cholesterol levels, to prevent cardiovascular diseases.

Help Patients Achieve Cardiovascular Health Milestones

By closing gaps in statin therapy and fostering adherence, providers can significantly reduce cardiovascular risks among people with diabetes and improve overall outcomes. Evaluate patients for statin therapy:

- Assess patient suitability for statin therapy.
- When considering statin use for patients with diabetes, consider potential exclusions. ٠

Enhancing Statin Adherence — Best Practices

To improve adherence and health outcomes, consider these strategies:

- Universal Statin Therapy for People with Diabetes: Recommend statin therapy (such as atorvastatin or rosuvastatin) for all people with diabetes aged 40 to 75, without considering their LDL levels.
- Customized Treatment Intensity: Select moderate or high-intensity statins based on the presence of additional cardiovascular risk factors.
- Education, Engagement, and Monitoring: Engage patients in understanding statins, dispel misconceptions about side effects, ensure adherence through regular follow-ups, and manage muscle-related side effects effectively.

https://bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare

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- Proven Benefits of Statin Use:
 - Statins can lower LDL-C levels by approximately 39 mg/dL.¹
 - This reduction translates to a 13% decrease in heart disease and stroke mortality, regardless of baseline LDL levels.¹
- Current Gaps in Statin Use:
 - Nearly 60% of eligible patients are not offered statin therapy by their provider.²
 - Only 50% of United States adults who benefit from statins are currently taking them.³
 - Primary non-adherence is a challenge, with 34% of patients not filling their initial statin prescription.⁴

Importance of SUPD in Cardiovascular Risk Management

The statin use in persons with diabetes (SUPD) quality measure is critical in guiding effective cardiovascular risk management in people with diabetes, aligning provider practices with established health guidelines, and improving overall healthcare quality. SUPD is recognized as a quality Star measure by CMS:

- SUPD targets Medicare Part D beneficiaries aged 40 to 75 with diabetes.
- It includes those who received at least two diabetes medication fills and a statin during the measurement period.

References:

- ADA 2025: American Diabetes Association Professional Practice Committee; 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2025. Diabetes Care January 1, 2025; 48 (Supplement_1): S207–S238. https://doi.org/10.2337/dc25-S010
- Bradley CK, Wang TY, Li S, et al. Patient-Reported Reasons for Declining or Discontinuing Statin Therapy: Insights From the PALM Registry. Journal of the American Heart Association. 2019;8(7). doi: https://doi.org/10.1161/jaha.118.011765
- Wall HK, Ritchey MD, Gillespie C, Omura JD, Jamal A, George MG. Vital Signs: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — United States, 2011–2016. MMWR Morb Mortal Wkly Rep 2018;67:983–991. DOI: http://dx.doi.org/10.15585/mmwr.mm6735a4
- Tarn DM, Barrientos M, Pletcher MJ, et al. Perceptions of Patients with Primary Nonadherence to Statin Medications. The Journal of the American Board of Family Medicine. 2021;34(1):123-131. doi: https://doi.org/10.3122/jabfm.2021.01.200262
- 5. CDC. Statins and Diabetes: What You Should Know. Centers for Disease Control and Prevention. Published January 30, 2023. https://tinyurl.com/3c32456f
- Kearney PM, Blackwell L, Collins R, et al.; Cholesterol Treatment Trialists' (CTT) Collaborators. Efficacy
 of cholesterol-lowering therapy in 18,686 people with diabetes in 14 randomized trials of statins: a
 meta-analysis. Lancet 2008; 371:117–125
- 7. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. Circulation. 2019;140(11). doi:https://doi.org/10.1161/cir.00000000000678
- Collins R, Reith C, Emberson J, et al. The Lancet. 2016;388(10059):2532-2561. doi:https://doi.org/10 Interpretation of the evidence for the efficacy and safety of statin therapy.1016/s0140-6736(16)31357-5

- 9. Hla D, Jones R, Blumenthal RS, et al. Assessing severity of statin side effects: Fact vs fiction. American College of Cardiology. April 9, 2018. Accessed February 22, 2025. https://tinyurl.com/hf8n9ypz
- Reston JT, Buelt A, Donahue MP, Neubauer B, Vagichev E, McShea K. Interventions to Improve Statin Tolerance and Adherence in Patients at Risk for Cardiovascular Disease. Annals of Internal Medicine. 2020;173(10):806-812. doi:https://doi.org/10.7326/m20-4680