To lower the risk of developing heart disease, most people with diabetes should start taking cholesterol medication once they turn 40. The American Diabetes Association (ADA) recommends the following statin intensities for patients ages 40 and older with a diabetes diagnosis:

<table>
<thead>
<tr>
<th>Presence of atherosclerotic cardiovascular disease (ASCVD)</th>
<th>Recommended statin intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Moderate-intensity statin*^</td>
</tr>
<tr>
<td>Yes</td>
<td>High-intensity statin</td>
</tr>
<tr>
<td>ASCVD with LDL ≥ 70 mg/dL despite maximally tolerated statin dose</td>
<td>Maximally tolerated statin dose plus ezetimibe or PCSK9 inhibitor</td>
</tr>
</tbody>
</table>

*Lifestyle modifications should be incorporated into all treatments
*High-intensity statin may be considered based on risk-benefit profile and presence of ASCVD risk factors, such as LDL cholesterol ≥ 100 mg/dL, high blood pressure, smoking, chronic kidney disease, albuminuria, and family history of premature ASCVD

**STAR RATINGS MEASURE DEFINITION**
Patients ages 40-75 who’re dispensed at least 2 diabetes medication fills and also received a statin medication fill in the current measurement year.

**EXCLUSIONS FROM THE MEASURE**
Patients are excluded if they’re:
- Diagnosed with end-stage renal disease
- In hospice care at any time in the measurement year

**INFORMATION PATIENT MEDICAL RECORDS SHOULD INCLUDE**
- The statin prescribed and the date it was prescribed. Below is a chart of moderate-intensity and high-intensity statins.
**Drug** | **High-intensity statin therapy** (Lowers LDL cholesterol by ≥50%) | **Moderate-intensity statin therapy** (Lowers LDL cholesterol by 30% to <50%)
--- | --- | ---
Amlodipine-atorvastatin | 40-80 mg | 10-20 mg
Atorvastatin | 40-80 mg | 10-20 mg
Ezetimibe-simvastatin | | 20-40 mg
Fluvastatin | | 40 mg bid
Fluvastatin XL | | 80 mg
Lovastatin | | 40 mg
Pitavastatin | | 2-4 mg
Pravastatin | | 40-80 mg
Rosuvastatin | 20-40 mg | 5-10 mg
Simvastatin | | 20-40 mg

**TIPS TO OVERCOME PRESCRIPTION BARRIERS**

There are many reasons why providers don’t prescribe statins even when it could benefit the patient. Here are some solutions to overcome these barriers.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has Type 1 diabetes</td>
<td>The ADA and the American College of Cardiology/American Heart Association guidelines recommend statin therapy for primary prevention of ASCVD events for both Type 1 and Type 2 diabetes.²,³</td>
</tr>
<tr>
<td>Patient’s LDL is within normal range</td>
<td>You should consider statins for all patients diagnosed with diabetes age 40 and older regardless of LDL levels, according to current ADA guidelines.² You should still monitor LDL levels because elevated LDL levels is a risk factor for cardiovascular disease. Monitoring can help assess the patient’s adherence to treatment.</td>
</tr>
<tr>
<td>Myalgia</td>
<td>1. Myalgias are common and may not be medication-related. 2. Discontinue statins for a brief period and consider a re-challenge with a reduced dose of the same or a different statin if myalgia resolves.³ 3. Try a different statin that’s more hydrophilic, such as pravastatin, rosuvastatin, or fluvastatin.⁴,⁵ These statins may be less likely to cause myalgia. 4. Try lower or less frequent dosing:  • Evidence supports the use of a low dose or less-than-daily regimen, such as every-other-day simvastatin or once-weekly rosuvastatin.⁶,⁷,⁸,⁹</td>
</tr>
<tr>
<td>ACC/AHA ASCVD Risk Calculator estimates a</td>
<td>This tool has limited use in patients with diabetes since diabetes itself confers an increased risk for ASCVD and all diabetics over the age of 40 should be</td>
</tr>
</tbody>
</table>
<7.5% 10-year atherosclerotic ASCVD risk

| Drug interaction with concomitant medication | Simvastatin, lovastatin, and atorvastatin are statins that can have the most drug interactions. If you start a medication that does interact with another drug, consider switching to a different statin with less potential for drug interactions such as rosuvastatin, pravastatin, or fluvastatin. |

| Patient believes red yeast rice is more effective than statins | Red yeast rice may contain a chemical identical to the active ingredient in lovastatin but, as a supplement, it can only contain trace amounts. Furthermore, the U.S. Food and Drug Administration (FDA) has issued warnings against taking this supplement due to lack of standardized preparation and efficacy or safety data. |

| Elevated liver enzymes | Elevated liver enzymes in diabetes are often due to non-alcoholic fatty liver, which may improve with better glycemic control. It’s reasonable to re-initiate the same statin at a lower dose or try a different statin once liver function returns to normal. You can safely do this with routine liver function test monitoring. |

| Patient is at high risk for myopathy | Risk factors include:
- Female gender
- Advanced age
- Low body mass index
- Hepatic dysfunction
- Kidney dysfunction
- Preexisting myopathy
- Excess alcohol intake
- High levels of physical activity
- Polypharmacy

To minimize the risk of myopathy, you might consider a lower dose of a hydrophilic statin, such as pravastatin, rosuvastatin, or fluvastatin, for patients with multiple risk factors. |

| Statins increase A1c | Increased HgbA1c and fasting serum glucose have been reported with statin use. This risk is considered minimal compared to the cardiovascular benefits seen with statin therapy. |

The ADA recommends performing the A1c test at least twice a year in patients who’re meeting their treatment goals and have stable glycemic control and performing it quarterly in patients whose therapy has changed or who aren’t meeting glycemic goals. |

| Statins cause dementia | There’s no definitive data to support the claim that statins cause dementia. Conversely, statin use may even be associated with a reduction in incidence of dementia. There are some rare post-marketing reports of cognitive impairment associated with statin use. These events weren’t serious and... |
The evidence associating statins with cognitive impairment isn’t well-established and providers should note if a patient is taking another medication that can cause cognitive impairment, such as OTC antihistamines, sedative-hypnotics, antipsychotics, and pain medications.27