



DELAWARE VALLEY ACO  
an accountable care organization

# Pharmacy Measures Reference Document

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## Statin Therapy Measures

Statin therapy for secondary prevention of patients with clinical atherosclerotic cardiovascular disease (ASCVD) is recommended by the American College of Cardiology and American Heart Association. These guidelines are based on numerous trials that show moderate to high-intensity statins reduce additional ASCVD events and disease progression. The Centers for Medicare & Medicaid (CMS) also supports this recommendation. Their “Statin Use in Persons with Cardiovascular Disease” measure is part of the overall STAR rating. The recommendation for patients with diabetes who are at risk for elevated cardiovascular disease (CVD) includes statin therapy (e.g., those patients with one or more CVD risk factors). The goal is to reduce low-density lipoprotein (LDL) cholesterol by at least 50% to a target of less than 70 mg/dL.

### Statin Therapy Cardiovascular Disease-Dispensed (SPC)

**Measure Description:** The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).

#### Exclusion Criteria:

- Exclude members who meet any of the following criteria during the measurement year or year prior to the measurement year:
  - Pregnancy
  - In vitro fertilization
  - Dispensed at least one prescription for clomiphene
  - ESRD
  - Cirrhosis
- Myalgia, myositis, myopathy, or rhabdomyolysis (Muscular Pain and Disease Value Set) during the measurement year
- Members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year.

### Statin Therapy Diabetes-Dispensed (SUPD)

**Measure Description:** Members 40-75 years of age who have obtained at least two prescription fills (based on pharmacy claims) of a diabetic medication. Compliance for the eligible member has received a statin medication (based on pharmacy claim data) during the measurement period.

#### Exclusion Criteria: Exclude members who meet any of the following criteria

- Patients in hospice care
- Patients with a diagnosis of end-stage renal disease (ESRD)

## **Statin Therapy Diabetes 80%**

**Measure Description:** Patients with a diagnosis of diabetes, who had a least one dispensing event for a statin medication. Eligibility: Medical benefits for 12 months and pharmacy benefits for 6 months prior to Presumptive Eligibility (PE) date with no more than one break of  $\leq 45$  days in continuous enrollment. Patient must be enrolled on PE date. Patient(s) compliant with prescribed statin-containing medication (minimum compliance 80%) with at least 12 months medical and six months pharmacy benefit. Patient(s) with a diagnosis of diabetes should be prescribed statin medication and should adhere to the prescribed medication regimen (minimum compliance 80%). Patients compliant with prescribed statin-containing medication (minimum compliance 80%)

## **Statin Therapy Cardiovascular Disease 80%**

**Measure Description:** The percentage of male patients aged 21 years to 75 years and female patients aged 40 years to 75 years during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD). The measure includes patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. Statin Adherence is measured by patients who remained on a high intensity or moderate intensity statin medication of at least 80% of the treatment period. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).

### **Exclusions Criteria:**

- Palliative Care
- Hospice
- Fragility
- Fragility and Advanced Illness
- Living in Long Term Care

### **Any time during the measurement year or the prior year:**

- Female members with a diagnosis of pregnancy
- In vitro fertilization
- Dispensed at least one prescription for clomiphene
- ESRD or dialysis
- Cirrhosis

### **During the Measurement Year:**

- Myalgia
- Myositis
- Myopathy
- Rhabdomyolysis

## Best Practices: Statin Therapy Measures

- Providers should talk to their patients with cardiovascular disease or diabetes that fit the measure criteria and are not on statin therapy
  - Providers should consider prescribing a statin for these patients.
- If patient is already on a statin, provide education on the importance and expectation that they will take their medication on a consistent basis.
- To help keep track of prescription claims for CMS Star Ratings measures and to monitor adherence, encourage the patient to use their insurance to fill medications
- Ask if transportation to the pharmacy is an issue for the patient
  - Consider and encourage use of mail order pharmacy
- PCP and patients should become familiar with benefits related to their payer’s pharmaceutical programs and mail order programs
- For best practices, inquire at each visit if the patient has any financial barriers in filling prescriptions
  - In general, generic medications are less costly than brand name drugs
- A 90-day supply of a generic statin drug may reduce costs to the member and encourage adherence
  - Counsel patients not to allow pharmacy to change the refill schedule
    - If pharmacy offers a benefit to patient to reduce refill to 30 days, have them call provider office or their insurance company to see if assistance with copays may be available
- Remind patients to contact you if they think they are experiencing adverse effects, such as myalgia
  - Consider trying a different statin that is more hydrophilic or reducing the dose or frequency

## Medication Adherence Measures\*

*\* Star Triple Weighted measures for 2023 Medicare Advantage Contracts*

CMS uses a metric called proportion of days covered (PDC) to determine medication adherence. If a patient’s PDC (proportion of days covered) is greater or equal to 80%, the patient is determined to be adherent.

The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category. Beneficiaries are only included in the measure calculation if the first fill of their medication occurs at least 91 days before the end of the enrollment period.

## Medication Adherence for Diabetes Medications\*

**Measure Description:** Percentage of patients 18 years of age and older with Part D benefits with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

- Drug therapy across these classes of diabetes medications is included in the measure and include the following diabetes medications:
  - biguanides,
  - sulfonylureas,
  - thiazolidinediones,
  - Dipeptidyl Peptidase
  - (DPP)-4 Inhibitors,
  - GLP-1 receptor agonists,
  - Meglitinides and sodium glucose
  - cotransporter 2 (SGLT2) inhibitors.
  - Does not include insulin

**Exclusion Criteria:**

- Hospice enrollment
- ESRD diagnosis or coverage dates
- One or more prescriptions for insulin

**Medication Adherence for Hypertension (RAS antagonists)\***

**Measure Description:** Percentage of patients aged 18 years or older with Part D benefits with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

- Drug therapy across these classes of hypertension medications is included in the measure include the following renin angiotensin system (RAS) antagonists:
  - Angiotensin converting enzyme inhibitor (ACEI)
  - Angiotensin receptor blocker (ARB)
  - Direct renin inhibitor medications

**Exclusion Criteria:**

- Hospice enrollment
- ESRD diagnosis or coverage dates
- One or more prescriptions for sacubitril/valsartan

**Medication Adherence for Cholesterol (Statins)\***

**Measure Description:** Percentage of patients 18 years and older with Part D benefits with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

**Exclusion Criteria:**

- Hospice enrollment
- ESRD diagnosis or coverage dates

## Best Practices: Medication Adherence Measures

- Conduct open discussions with patients to identify and resolve patient-specific adherent barriers including to discuss potential side effects and ways to treat the side effects of medications.
- Reinforce patient’s understanding of diagnoses such as diabetes, hypercholesterolemia and hypertension and ordered medications in their therapy and the expected duration of the therapy(ies)
- Ask if transportation to the pharmacy is an issue and consider and encourage mail delivery
- A 90-day supply of a generic statin drug may reduce costs to the member and encourage adherence
  - Counsel patients not to allow pharmacy to change the refill schedule. If pharmacy offers a benefit to patient to reduce refill to 30 days, have them call provider office or their insurance company to see if assistance with copays may be available
- Provide an updated prescription to the pharmacy if the patient’s medication dose has changed since the original prescription
- If the patient’s prescribed frequency or dosage has changed after a medication has been prescribed but a new prescription is not needed, the provider should notify the pharmacy to ensure patient remains complaint to payor
- Update the patient chart yearly with patient side effects or diagnoses when medications are discontinued to remove patients from denominator.
  - Consider using payor pharmacy such as Center Well for Humana or Optum for United or a pharmacy that manages patients directly such as Centennial Pharmacy
- See your PT Coach for available DVACO resources such as posters that are available for educating patients while in waiting rooms and exam rooms

## Statin Medication List and Intensity Levels

<b>High Intensity Statin Medications</b>
<ul style="list-style-type: none"> <li>• Atorvastatin 40-80 mg</li> <li>• Amlodipine-atorvastatin 40-80 mg</li> <li>• Rosuvastatin 20-40 mg</li> <li>• Simvastatin 80 mg</li> <li>• Ezetimibe-simvastatin 80 mg</li> </ul>
<b>Moderate Intensity Statin Medications</b>
<ul style="list-style-type: none"> <li>• Atorvastatin 10-20 mg</li> <li>• Amlodipine-Atorvastatin 10-20 mg</li> <li>• Rosuvastatin 5-10 mg</li> <li>• Simvastatin 20-40 mg</li> <li>• Ezetimibe-Simvastatin 20-40 mg</li> <li>• Pravastatin 40-80 mg</li> <li>• Lovastatin 40 mg</li> </ul>

- Fluvastatin 40-80 mg
- Pitavastatin 1-4 mg

**Low-intensity statin therapy**

- Simvastatin 5-10 mg
- Ezetimibe-simvastatin 10 mg
- Pravastatin 10–20 mg
- Lovastatin 10-20 mg
- Fluvastatin 20 mg



## Resources

1. Medication Adherence information sources: CMS Medicare 2023 Part C&D Star Ratings Technical Notes. <https://www.cms.gov/files/document/2023-star-ratings-technical-notes.pdf>
2. Humana Quality Indicator Reference for Physicians: <https://www.humana.com/provider/medical-resources/clinical/quality-resources>
3. Aetna 2023 Medicare Advantage Quality Incentive Program: <https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/healthcare-professionals/documents/forms/medicare-advantage-quality-incentive-program.pdf>
4. 2023 Quality Rating System Measure Technical Specifications <https://www.cms.gov/files/document/2022-qrs-measure-tech-specs.pdf>