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Inland Empire Health Plan

PHARMACY TIMES

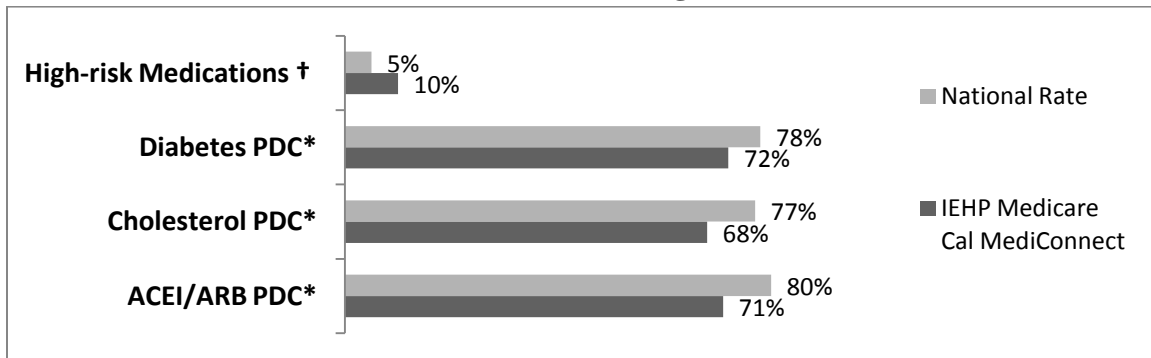
BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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Pharmacy Pay-For-Performance Program Update

Take action now, it's not too late! Greater financial incentives lie ahead for those that achieve improved P4P scores. As you can see from the data, our adherence and high-risk medications measures are below the national rate. We ask that you continue to help us work towards our mutual goals of improving medication adherence and patient safety.

2015 IEHP Star Rating Scorecard Based on CMS Patient Safety Data (For 2017 Star Rating Score)



Key: * = Higher percentage is better; † = Lower percentage is better

Areas of Opportunities

We recommend that pharmacy providers continue to improve CMS Star Rating quality measures by the following interventions:

- **Adherence Measures**
 - i. Refill reminders by phone
 - ii. Convert to 90-day supply
 - iii. Patient consultation on importance of adherence
 - iv. Home delivery
- **High Risk Medications (HRM) Measures**
 - i. Closely review HRM prescriptions for members 65 years of age or older
 - ii. Contact prescribers to change to alternative medications (non-HRM)
 - iii. Patient consultation on high risk medications

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The IEHP High Risk Medications Drug Alternative(s) Reference Guide is now available!

- **If medically appropriate, please consider prescribing a safer alternative for your patients over 65 years old.**
- Below is a quick reference table that lists some of the commonly prescribed HRMs and potentially safer alternatives. For a more complete reference guide, please refer to the following:
 - www.iehp.org/pharmacy → Provider Communications → Physician Providers → **IEHP High Risk Medication: Drug Alternative(s) Reference Guide**
 - www.americangeriatrics.org → 2015 AGS Beers Criteria

Commonly Prescribed HRMs	Clinical Concerns/Risk¹	Beers Recommendation¹	<u>Medicare Formulary Alternatives</u>
zolpidem, zaleplon, Lunesta	Similar adverse events to benzodiazepines in older adults (e.g., delirium, falls, fractures); minimal improvement in sleep latency and duration	Avoid	<ul style="list-style-type: none"> ▪ trazodone ▪ ramelteon (Rozerem®) ▪ temazepam
glyburide	Higher risk of severe prolonged hypoglycemia in older adults	Avoid	<ul style="list-style-type: none"> ▪ glimepiride ▪ glipizide
megestrol	Minimal effect on weight; increased risk of thrombotic events and possibly death in older adults	Avoid	Treatment of cachexia: <ul style="list-style-type: none"> ▪ oxandrolone, dronabinol
Estrogens with or without progestins (oral and topical patch)	Evidence of carcinogenic potential (breast and endometrium); lack of cardioprotective effect and cognitive protection in older women. Evidence indicates that vaginal estrogens for the treatment of vaginal dryness are safe and effective	Avoid oral and topical patch.	<ul style="list-style-type: none"> ▪ conjugated estrogen vaginal cream (Premarin®)
amitriptyline, clomipramine, doxepin, imipramine, trimipramine	Highly anticholinergic, sedating, and causes orthostatic hypotension; safety profile of low-dose doxepin (≤6 mg/d) comparable with that of placebo	Avoid	Alternative TCA: <ul style="list-style-type: none"> ▪ nortriptyline Depression: <ul style="list-style-type: none"> ▪ citalopram, fluoxetine, paroxetine, sertraline, venlafaxine, bupropion Neuropathic Pain: <ul style="list-style-type: none"> ▪ pregabalin (Lyrica®), gabapentin, duloxetine OCD: <ul style="list-style-type: none"> ▪ fluoxetine, fluvoxamine, sertraline

1. The American Geriatrics Society 2015 Beers Criteria Update Expert Panel. *J Am Geriatr Soc* 63:2227-2246, 2015.