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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

Happy Thanksgiving! Thank you for the hard work that you have put into the Pay-For-Performance (P4P) measures and we ask that you continue to help us work towards our mutual goals. **As you can see from the data, our adherence measures and high-risk medications measure are still *below* the national rate.** There are only 2 more months remaining to improve these measures.

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

Measurements	IEHP Medicare Cal MediConnect	IEHP Medicare Dual Choice	National Rate
ACEI/ARB Adherence	76%*	78%*	84%
Statin Adherence	74%*	80%*	81%
Diabetes Adherence	76%*	79%*	82%
High-risk Medication	9%†	9%†	5%

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

## What is the High-Risk Medication (HRM) measure?

- The Centers for Medicare & Medicaid Services (CMS) have quality measures that focus on decreasing the use of high-risk medications (HRM) in patients 65 years and older.
  - The HRM measure is defined as the percentage of members receiving more than two prescription fills of a high-risk medication
  - The lower the percentage, the better the result
- The table lists some of the most commonly prescribed high-risk medications and the therapeutic alternatives that may be used in place of them.
- Suggesting alternative medications for your patients, especially after their first fill, can prevent the second fill and stop the HRM rate from going up.

Commonly Prescribed High-Risk Medications	Clinical Concerns	Formulary and OTC Alternatives
<b>zolpidem, zaleplon, Lunesta</b>	May cause cognitive impairment, delirium, unsteady gait, syncope and falls. Insomnia does not always require medication to treat. Treat the medical causes of insomnia such as sleep apnea, depression, anxiety, restless legs and pain.	Rozerem, trazodone, melatonin*
<b>glyburide</b>	May cause prolonged hypoglycemia in the elderly because it is longer acting compared to glimepiride and glipizide. Glyburide may also accumulate in elderly patients with renal impairment.	glimepiride, glipizide
<b>megestrol</b>	Increases the risk of thrombotic events and possibly death in the elderly.	mirtazapine for depressed patients
<b>estrogens</b>	Increases the risk of CVD, cancer, and cancer related deaths when used systemically. This includes combination products with progesterone and transdermal products. For relief of vaginal symptoms, intravaginal estrogen products should be used.	Premarin vaginal cream, OTC lubricants such as KY Jelly*
<b>amitriptyline, clomipramine, doxepin, imipramine, trimipramine</b>	Increases the risk of anticholinergic side effects, cognitive impairment, delirium and sedation in the elderly.	Alternative TCAs: nortriptyline Neuropathic pain: gabapentin, duloxetine, Lyrica OCD: fluoxetine, paroxetine, sertraline, fluvoxamine Depression: citalopram, fluoxetine, paroxetine, sertraline, venlafaxine
<b>nitrofurantoin</b>	Increases the risk of pulmonary toxicity. Contraindicated in patients with significant renal impairment (i.e. CrCl of less than 60 mL/min) due to increased risk of toxicity from impaired excretion.	sulfamethoxazole/trimethoprim, ciprofloxacin, amoxicillin-clavulanate, cephalexin

Abbreviations: OTC- over the counter; \* = Over the counter alternative