

An FAQ explaining the antipsychotic use in persons with dementia quality measure

by Brandy Inkrote

WHERE DOES THIS MEASURE FIT INTO THE OVERALL MEDICARE PART D STAR RATINGS?

This measure is endorsed by both the Pharmacy Quality Alliance (PQA) and the National Quality Forum (NQF), but it has not yet been adopted by the Medicare Part D Star Ratings program.

WHAT DOES THIS MEASURE ANALYZE?

This measure analyzes the percentage of individuals (65 years and older) with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

For now, this doesn't affect the star rating of any Part D plans, but that doesn't mean it won't in the future or that it isn't being measured by other payers. Pharmacies that exceed the threshold set by a given payer for dispensing antipsychotics in this patient population may be at a disadvantage when it comes to preferred pharmacy network status or inclusion in performance incentive programs.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

Symptoms of psychosis are delusions and hallucinations. Most dementia patients will experience these symptoms at some point. However, due to safety concerns, approaches to treatment other than prescribing antipsychotics should be exhausted first. Dementia patient safety is directly affected by use of antipsychotic drugs for symptoms associated with dementia. Studies have shown that those patients prescribed these agents suffer from more cerebrovascular adverse events (such as stroke and transient ischemic attacks) versus those patients who are not. In studies that compared cerebrovascular adverse events in three different antipsychotics, Risperidone, Olanzapine, and Aripiprazole, versus use of a placebo, all three agents had significant increases in adverse events. However,

studies have shown that using existing agents for dementia such as acetylcholinesterase inhibitors and NMDA receptor antagonists may be effective for agitation and aggression in these patients, possibly eliminating the need for an extra, potentially fatal agent.

WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?

Depending on your pharmacy's software you could try running a utilization list for certain anti-psychotic medications for patients over the age of 65. Look through patients' dispensing history to see if they are also receiving medications for dementia if they are on this list. Call prescribers and nursing homes (if applicable to your patient) to explain the increased risk of mortality based on evidence-based medicine. If it's confirmed that these medications are only being prescribed because of dementia-related psychosis, suggest existing Food and Drug Administration-approved agents such as acetylcholinesterase inhibitors and NMDA receptor antagonists. Educating prescribers and nursing home and assisted living staff about this risk may decrease the percentage of patients who are being prescribed these agents without evidence of psychosis. If your pharmacy monitors for this measure now, you'll be set for when and if it is adopted, putting your pharmacy ahead of the game. ■

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Reference: http://www.nami.org/Content/NavigationMenu/Inform_Yourself/Upcoming_Events/Convention-2014/FDABlackBoxWarnings.pdf

Additional resources are available at the Pharmacy Quality Alliance website (www.pqaalliance.org/measures/cms.asp).

Editor's Note: This is another in a continuing series of articles covering treatment of various health issues and how they relate to the Medicare Part D Star Ratings program.