



*Pharmacy
Quality
Measures*



An FAQ explaining the diabetes medication dosing quality measure

by Charlie Hinton

WHERE DOES THIS QUALITY MEASURE FIT INTO THE OVER-ALL MEDICARE PART D STAR RATINGS?

This measure is considered a “Display Measure.” Display measures are not included in the plan rating, but are used to facilitate quality improvements by the plan. The Centers for Medicare & Medicaid Services (CMS) uses the Display Measures, along with the plan ratings, to provide further evaluation of the Medicare Part D plans through benchmarks and feedback.

WHAT DOES THIS MEASURE ANALYZE?

This measure analyzes the percentage of patients who filled a prescription for a higher than the Food and Drug Administration recommended maximum daily dose for oral hypoglycemic medications. The four oral hypoglycemic classes analyzed are biguanides, sulfonyleureas (SU), thiazolidinediones (TZD), and dipeptidyl peptidase-4 (DPP-4) inhibitors.

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

While diabetes medication dosing doesn't affect the star rating of the Medicare Part D plans, it is still one of the measures that is tracked and reported by CMS. The criteria for the Medicare Part D star ratings are re-evaluated and adjusted on yearly basis, so this measure may be included in future star ratings. If your population has a high percentage of patients on high doses of oral hypoglycemic medications, your pharmacy may not be included in their network in the future.

Select Oral Hypoglycemic Medications

Medication	Class	MDD	Medication	Class	MDD
metformin	Biguanide	2,550 mg	linagliptin	DPP-4 Inhibitor	5 mg
glipizide	SU	40 mg	sitagliptin	DPP-4 Inhibitor	100 mg
glyburide	SU	20 mg	saxagliptin	DPP-4 Inhibitor	5 mg
glimepiride	SU	8 mg	pioglitazone	TZD	45 mg
			rosiglitazone	TZD	8 mg

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

There is an underlying risk for hypoglycemia with any of these medications, but when a patient is on a higher than recommended dose, that risk is drastically increased. Hypoglycemia is usually characterized by blood glucose levels less than 70 mg/dl. The signs and symptoms of hypoglycemia can differ depending on the individual and include hunger, nausea, fatigue, headache, palpitations, tingling in the mouth or fingers, tremors, blurred vision, sweating or chills, irritability, mental confusion, shallow breathing, or loss of consciousness and others. However, the only sure way to determine hypoglycemia is by testing the patient's blood glucose. In addition to hypoglycemia, the risk for additional adverse drug events (ADE) specific to each drug is increased at the higher than FDA recommended doses. In summary, the greater risk of adverse effects outweighs the potential benefit for high doses of these drugs.

WHAT CAN I DO IMPROVE PERFORMANCE IN MY PHARMACY?

The first step includes identifying patients that are on high doses of oral hypoglycemic medications. Patients who have been chronically filling high-dose hypoglycemic medications should be flagged for a pharmacist intervention. The pharmacist can meet with patients to talk about how they take their medications and test blood glucose levels. There are a number of factors that can impact blood glucose levels that include (but are not limited to) diet, physical activity, medications, and adherence. If issues are identified during this interaction, the prescriber should be contacted with the appropriate recommendations. Additionally, first-fill prescriptions for high-dose oral hypoglycemic may warrant a call to the prescriber recommending either a lower dose or alternative therapy. ■

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