

## An FAQ on Drug-Drug Interactions

by Bridget Eller, PharmD

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

This particular measure is what the Centers for Medicare & Medicaid Services (CMS) calls a "Display Measure." Display measures are used to provide further evaluation of Medicare Advantage and Medicare Part D plans. The Display measures are not included in the plan ratings, but are used to facilitate quality improvement by the plans, and may eventually become Star Ratings measures. As they are now, they offer no reimbursement for improvement or penalty for poor performance. The measure's purpose is to assess the performance of prescription drug plans and community pharmacies. Ideally, this measure would be used to provide feedback to plans and pharmacies and allow for development as quality improvement initiatives related to drug-drug interactions (DDIs) are implemented.

### WHAT DOES THIS MEASURE ANALYZE?

This measure looks at "the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication." What does this mean? The Pharmacy Quality Alliance (PQA) has a table of these target medications, which are divided into categories and classes. If a patient is started on one medication on the list, and then started on another medication in the same category, it is considered a DDI. Really, this is just a categorical way to think of DDIs as we know them. For example, here is a brief snapshot of one of target medications in the table.

CATEGORY	CLASS 1	CLASS 2
M	Warfarin	Trimethoprim/ sulfamethoxazole NSAIDs

If a patient is started on warfarin, and the patient's plan pays a claim for either Trimethoprim/sulfamethoxazole or NSAIDs, a DDI would have occurred and would be counted in the numerator of the measure calculation. The denominator is all patients who receive the first medication. Ideally, clinical decision support in the prescriber's electronic medical record would prompt an alternative. The pharmacy's software and that would be the last chance to detect the drug-drug interaction.

#### **WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?**

Currently, this measure will have no direct impact on your pharmacy, so-to-speak. Depending on which filling program your pharmacy uses, its database is filled with pre-programmed drug-drug interactions and they vary from system to system. If all vendors are able and willing, a collaborative effort could be put in place where the same DDIs are populated for every system. If that were ever to happen, there is potential that this measure would change and become something more assessable. For instance, if all DDI popup alerts were unified across all systems, CMS could then classify which DDIs are more severe than others, and develop a tool to assess how many run through your pharmacy and their severity. Although this measure may seem unlikely to ever truly be measurable by CMS standards, do not disregard it easily. There may be some Part D plans that do pay attention to display measures, or even commercial plans with quality performance initiatives that may use this measure to assess a pharmacy for contracting purposes.

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#### **WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?**

As with the entire Star Ratings program, there is patient safety tied into all of them. Very few drug-drug interactions are absolute contraindications, but several can cause unwanted side effects in patients. To keep patients safe, being aware of potential DDIs and their effects are critical for patients' well-being. Staying up-to-date on clinical information regarding DDIs, communicating with prescribers, and educating patients is the most effective way to maintain patient safety and avoid drug interactions. By doing this, it can help ensure that patients are using medications correctly. Safe drug use reduces overall adverse drug reactions (ADR) and the costs associated with them (such

#### **ADDITIONAL RESOURCES:**

1. Pharmacy Quality Alliance: [www.pqaalliance.org/measures/cms.asp](http://www.pqaalliance.org/measures/cms.asp)
2. National Quality Measures Clearinghouse: <http://www.qualitymeasures.ahrq.gov/content.aspx?id=47492>

as hospital visits and additional doctors' appointments), thus reducing overall claims associated with ADRs, saving Medicare (and other insurance plans) money.

#### **WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?**

Although this measure is hard to quantify, and there is no direct reimbursement for improving this measure, it is important for pharmacists to be aware of the reasoning behind having it as a display measure in the first place. Most patients are unaware of which medications will create a drug-drug interaction with each other. The pharmacist's role is to help keep patients safe and identify DDIs before they cause side effects. If a DDI is flagged while filling a prescription, pay attention to it, or have your technicians ask about every flag that pops up on their screen. There are also programs available to help identify drug-drug interaction in a patient's medication list, including various medication therapy management (MTM) platforms. MTMs and other such programs are a great way to have extra face-to-face time with patients to identify problems with their current regimen. Encourage patients to bring in all of their medication, especially over-the-counter, vitamin, and herbal products they use. Patients may fill at multiple pharmacies, and this is a good way to fill in any gaps in their medication list. ■

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