An FAQ on DPP-IV Inhibitors

by Rick Lasica

WHERE DOES THIS MEASURE FIT INTO THE OVERALL MEDICARE PART D STAR RATINGS?
Briefly mentioned in this column in June 2014, dipeptidyl peptidase (DPP)-IV inhibitors is one of the four drug classes under the Medicare Part D Star Ratings measure “Medication Adherence for Diabetes Medications.” While Medicare reports one percentage for adherence to several diabetes therapy classes (some oral, some injectable) together, other plans may choose to do the same or report the classes separately. Care for patients with diabetes is costly, so plans may seek to improve adherence to diabetes therapy in order to lower spending on emergency department visits or hospitalization.

WHAT DOES THIS MEASURE ANALYZE?
It analyzes the percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80 percent for dipeptidyl peptidase IV inhibitors (such as alogliptin, linagliptin, saxagliptin, and sitagliptin). A higher PDC indicates a better estimated medication adherence rate, which has been proven to be associated with better patient health outcomes. Combination drugs including dipeptidyl peptidase IV inhibitors (such as alogliptin-metformin, alogliptin-pioglitazone, sitagliptin-metformin, saxagliptin-metformin, sitagliptin-simvastatin, and linagliptin-metformin) are also included in this measure.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?
DPP-IV inhibitors are oral agents approved to treat Type 2 diabetes mellitus. By inhibiting the dipeptidyl peptidase IV enzyme, these agents protect and enhance the actions of endogenous incretin hormones, the normal substrate of DPP-IV enzymes. Incretin hormones are released in response to meal intake and they maintain appropriate blood glucose levels. This is done by increasing insulin release and decreasing glucagon levels in the blood.

Adherence to DPP-IV inhibitors is important not only to control a patient’s blood sugar, but also to avoid undesirable effects if taken incorrectly. For example, hypoglycemia might occur when a poorly adherent patient takes a dose – especially if none of the patient’s health care providers detect that adherence, instead of sub-therapeutic dose, is a problem. Clinical trials found that hypoglycemia occurred in 0.6 percent to 12.2 percent of patients on this medication. Proper medication adherence. These plans may be more willing to contract with pharmacies that are helping their star rating. In the future, plans might take pharmacies that aren’t benefiting their star ratings out of their preferred network, which means patients in those plans will have to pay a higher copay for their medications at those pharmacies.

WHAT IMPACT DOES THIS HAVE ON MY PHARMACY?
Pharmacies have a huge effect on the star ratings of health plans such as Medicare prescription drug plans and Advantage plans by helping improve adherence to DPP-IV inhibitors. These plans may be more willing to contract with pharmacies that are helping their star rating. In the future, plans might take pharmacies that aren’t benefiting their star ratings out of their preferred network, which means patients in those plans will have to pay a higher copay for their medications at those pharmacies.

WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?
Counseling your patients on how DPP-IV inhibitors work, why they’re taking it, what adverse effects they should expect, and how to manage adverse effects is extremely important, especially on the first fill. This will increase the odds that they will take their medication appropriately and consistently, which leads to better health outcomes and more refills for your pharmacy. Important counseling points for DPP-IV inhibitors are the possibility of hypoglycemia, headache, nasopharyngitis, or upper respiratory infection. Although rare, patients should monitor signs and symptoms of pancreatitis (such as nausea, vomiting, anorexia, and persistent severe abdominal pain).

Identifying patients who are having trouble adhering to DPP-IV inhibitors, or any medication, can easily be done through medication therapy management (MTM) programs such as Mirixa® and OutcomesMTM®. These programs can help your patients overcome any barriers to adherence, which will ultimately improve your pharmacy’s star rating adherence metric. If your pharmacy isn’t already taking advantage of NCPA’s medication synchronization program Simplify My Meds® (free to NCPA members), it’s a great way to help you manage patients that are on multiple medications so that they can all be filled on the same day.

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Additional References
- Pharmacy Quality Alliance: http://www.pqaalliance.org/measures/cms.asp
- Simplify My Meds: www.ncpanet.org/smm