



Pharmacy Newsletter

Q4 2023

HEDIS Measure Spotlight: Osteoporosis Management in Women (OMW)

Fragility fractures are more common among older adults in the United States than many patients may think, with over 2 million fractures occurring each year. These levels exceed the combined number of heart attacks, stroke, and breast cancer in the United States each year – but bone health is often not given the same focus as cardiac health or cancer prevention.¹

In addition to the impact a fracture may have on a patient's health, the cost of osteoporosis-related fractures to patients, their families, and the health care system was \$57 billion in 2018.¹ And, in a 2019 study based on almost 380,000 fractures in female Medicare beneficiaries, 10% had another fracture within one year, 18% within two years, and 31% within five years² Fragility fractures are an independent predictor of future fractures, perimenopausal and postmenopausal women with a prior fracture have twice the risk of subsequent fracture¹ Despite this risk, less than half of fracture patients will not receive the recommended osteoporosis care following their fractures.¹

The most common fractures associated with osteoporosis occur in the hip, spine, and distal forearm, with hip fractures being especially concerning due to an associated 8%–36% excess mortality within one year³. There are some defined risk factors which can help identify and target high-risk patients for intervention.

- Age: The risk increases with age, and especially in postmenopausal women
- Gender: Women are at a higher risk due to hormonal changes during menopause
- Hormonal imbalances and deficiencies: Hypogonadism, hyperparathyroidism, vitamin D deficiency
- Family history: A history of osteoporosis increases personal risk
- Low body weight: Due to reduced bone density with lower body weight. Significant weight loss can also be a factor
- Certain chronic illnesses: Including inflammatory diseases, dementia, cardiovascular disease, chronic liver disease
- Medication: Long-term use of certain medications can weaken bones (prolonged corticosteroid use, for example)
- Lifestyle factors: Smoking, excessive alcohol consumption, a sedentary lifestyle, fall risk or history of falls

The U.S. Preventive Services Task Force recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older, and postmenopausal women younger than 65 years, who are at an increased risk of osteoporosis. Screening using a Bone Mineral Density (BMD) test allows providers to catch osteoporosis early and prevent fractures, and initiate treatment if appropriate.⁴



If a fracture occurs, patients will qualify for the Centers for Medicare & Medicaid Services (CMS) HEDIS Star measure which examines the percentage of women age 67– 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face or skull). This measure is time sensitive and requires follow up within six months of the fracture event. To address this quality gap:

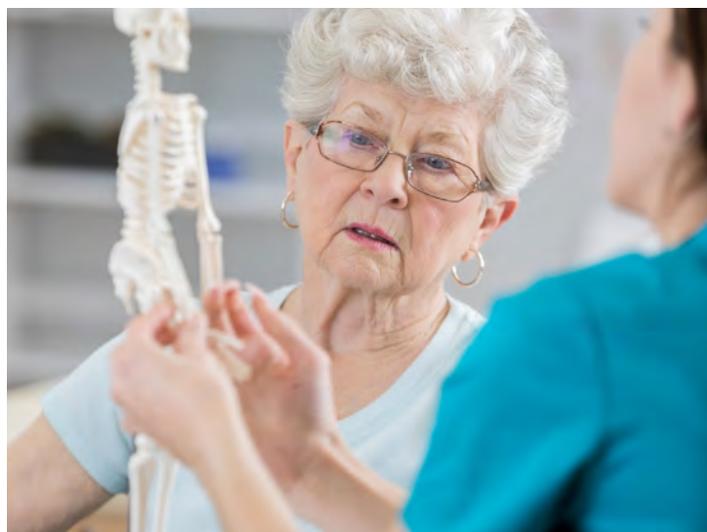
- A BMD test must take place within six months of a fracture.
- Provide patients with a BMD prescription and where to call for an appointment if not at your practice. Follow up or assist with scheduling if needed. Reminder: a referral alone is not enough to close the gap – patients must complete the test.
- If appropriate prescribe a medication to treat osteoporosis. If filled using Medicare Part D prescription benefit within six months this would also close this quality gap.

Bisphosphonates/other agents covered at tier 1 on formulary:

- Alendronate
- Risedronate
- Ibandronate
- Raloxifene

Other agents (Prior Authorization required):

- Abaloparatide
- Teriparatide
- Denosumab
- Urge patients to alert you if they have a fracture to allow for timely intervention.
- Verify fracture codes are used appropriately to help prevent women from being included in this measure incorrectly. If a fracture code was submitted in error, please submit a corrected claim.
- If a fracture resulted in an inpatient stay, a BMD test or long-acting osteoporosis medication administered during the inpatient stay will close the care gap.



- If appropriate, document appropriate exclusions to this measure, such as:
 - Members in hospice care
 - Members receiving palliative care during the intake period through the end of the measurement year
 - Members age 81 and older as of December 31 of the measurement year who had at least two diagnoses of frailty. Frailty diagnoses must be on different dates of service during the intake period through the end of the measurement year
 - Members age 67-80 as of December 31 of the measurement year who had at least two diagnoses of frailty on different dates of service and advanced illness.

Osteoporosis prevention and management is an important part of the health and wellness of older adults, and is an important part of quality measure Star Ratings. With early intervention, screening, complete and ongoing assessment for fall risk, and if a fracture does occur, a comprehensive approach to post fracture care, we can help reduce the burden of this “silent” disease.

1. <https://www.ownthebone.org> Accessed 12/20/2023

2. Balasubramanian, A., et al., Risk of subsequent fracture after prior fracture among older women. *Osteoporos Int*, 2019. 30(1): p. 79-92.

3. Poursmaeili F, Kamalidehghan B, Kamarehei M, Goh YM. A comprehensive overview on osteoporosis and its risk factors. *Ther Clin Risk Manag*. 2018 Nov 6;14:2029-2049. doi: 10.2147/TCRM.S138000. PMID: 30464484; PMCID: PMC6225907.

4. US. Preventive Services Task Force. 2018. Final Recommendation Statement: Osteoporosis to Prevent Fractures: Screening

How Do the CMS Statin Measures Compare?

CMS has three “statin measures” in the Star Ratings program, all of which address different types of statin therapy. Adherence for statin medications measures how adherent a patient is to statin therapy once they have started it, while the other two statin measures, Statin Therapy in Persons with Cardiovascular Disease (SPC) and Statin Use in Persons with Diabetes (SUPD) focus on whether appropriate statin therapy have been initiated in a patient with these chronic conditions.¹ The SUPD and SPC measures are focused on two of the major populations described in American College of Cardiology/American Heart Association guidelines that benefit from statin therapy, and align with recommendations from the American Diabetes Association.^{2,3} The following comparison chart can help to highlight the differences between the three statin measures in the CMS Star Ratings program.¹

Measure	Medication Adherence for Cholesterol Medications (Statins)	Statin Therapy in Patients with Cardiovascular Disease (SPC)	Statin Use in Persons with Diabetes (SUPD)
Inclusion Criteria	Two prescription claims filled for a statin medication using Medicare Part D benefit	Diagnosis: Ischemic vascular disease Or event: MI, CABG, or a revascularization event such as a percutaneous coronary intervention	Two prescription claims filled for a diabetes medication, including insulin using part D benefit, not diagnosis dependent.
Age Groups Included Within Scope	All members 18 years and older	Males age 21-75 Females age 40-75	All Patients 40 -75 years old
Criteria to Meet Requirements of Measure	Based on Medicare Part D prescription claims beginning on date of first fill, covering 80% or more of the time in the measurement period	One prescription claim received using Medicare Part D benefit for a moderate to high intensity statin- not quantity dependent but must be moderate or high intensity dose.	One prescription claim received using Medicare Part D benefit for any dose or quantity of statin
Exclusion Criteria : Diagnosis code must be received on a claim in the measurement year.	Diagnosis of ESRD Hospice	<ul style="list-style-type: none"> Members in hospice care or using hospice services Members who died Members receiving palliative care: Z51.5 Myalgia, myositis, myopathy or rhabdomyolysis diagnosis Cirrhosis End Stage Renal Disease (ESRD) or dialysis Members 66 years or older as of December 31 of the measurement year with frailty and advanced illness. (Must meet both criteria) 	<ul style="list-style-type: none"> In hospice care or using hospice services End Stage Renal Disease Dialysis Rhabdomyolysis or myopathy Lactation or pregnancy Cirrhosis Polycystic ovary syndrome (PCOS) Pre-diabetes.

What can you do to help your patients that fall into these measures that are not currently on a statin?

- Consider prescribing a statin, as appropriate for your diabetic patients or patients with Atherosclerotic Cardiovascular Disease (ASCVD). If you determine a statin medication is appropriate, be sure your patient understands why the statin is important – including for prevention.
- If a statin was previously initiated and discontinued due to intolerance or a side effect, consider whether a different statin that is hydrophilic (ex. pravastatin), a lower dose statin than previously tried, or reducing the frequency of dosing may improve tolerance.
- If statin is not clinically appropriate, is the reason a diagnosis which has not yet been documented in the current year that may potentially exclude the member from the measure, such as cirrhosis, that could be documented, if appropriate?

Once a statin is initiated for a patient, consider the following adherence tips:

- Health literacy. Talk to patients about why they're on their medication, and the impact of not taking their medication as prescribed. For example, their statin medication is not just to lower their cholesterol numbers, but to prevent heart disease and stroke.
- Discuss and address adherence barriers. Make this a part of each visit when reviewing medications. Ask

patients questions about concerns related to side effects, accessing their medications, or concerns about taking their medication. Consider asking patients to bring in their current medication bottles to help with the discussion.

- Set expectations for length of treatment: If treating a condition requiring ongoing therapy, set expectations about getting timely refills to prevent large gaps between fills. This is especially important when discussing a new medication therapy or renewing refills.
- Consider extended day supply prescriptions: When clinically appropriate, consider writing extended day supplies for prescriptions for chronic conditions - our plans cover 100-day supply prescriptions for patients. This helps with patient convenience and minimizes the need for additional trips to the pharmacy, especially if that is a barrier to getting their medications.
- Do the directions on the label match the current dose? If the dose or frequency is changed, inform the pharmacy to void the old prescription and send a new prescription with the current directions to the pharmacy.
- Reminders: There are many options available to help remind patients to take their medication: Pill boxes, refill reminder messaging from pharmacies, and programs like medication synchronization to “match up” fills of multiple medications on the same day, improving convenience for the patient.

1. <https://www.cms.gov/files/document/2023-star-ratings-technical-notes.pdf> Accessed December 20, 2023

2. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/ APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol. *Circulation*. 2018;139(25:e1046-e1081). doi:10.1161/cir.0000000000000625. Accessed December 20, 2023

3. Nuha A. ElSayed, Grazia Aleppo, Vanita R. Aroda, et al. on behalf of the American Diabetes Association, 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes --2023. *Diabetes Care* 1 January 2023; 46 (Supplement_1): S158-S190 Accessed December 20, 2023

Monitoring Progress: Medication Adherence and Home Monitoring



Adherence to medication therapy is an important part of controlling chronic conditions such as hypertension and diabetes. CMS includes three medication adherence measures in the Star Rating measures, medication adherence cholesterol (statin), diabetes and hypertension (RAS antagonist). To meet the criteria of these measures, CMS considers a member adherent to their medication if they have a proportion of days covered (PDC) of 80% or higher, meaning they have filled enough medication to have it on hand 80% of the days of the measurement period.¹

In addition to taking medications daily, part of your treatment plan for your patient may have included at-home monitoring of their condition using an at-home blood pressure monitor or glucose monitor. At-home monitoring can play an important role in

evaluating the overall status of your patient's condition and may potentially motivate them to achieve treatment goals. A prospective observational study of 7,751 patients showed that patients given a home blood pressure monitor had decreased days per week in which medication was skipped or reduced.²

Home Blood Pressure Monitoring: Did you know as part of your patient's benefits, they may receive OTC credits that may be spent for over the counter (OTC) items included in the OTC catalog, which includes home blood pressure monitors? Note that CMS allows for member reported blood pressure (BP) readings to be included in gap closure for the Controlling Blood Pressure (CBP) measure.¹ The CBP measure is defined as the percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled at <140/90 mmHg during the measurement year. The compliant BP reading must be the latest performed within the measurement year, and on or after the second hypertension diagnosis.¹ This includes BP reading taken during the measurement year via:

- Outpatient visits
- Telephone or telehealth visits
- Virtual check-ins or e-visits
- Non-acute inpatient visits

Member-reported BP readings must be taken using a digital device in any of these visit settings and documented in member's medical record. A specific BP result needs to be documented.

Home glucose monitoring: If you will be ordering home glucose monitoring as part of your patient's treatment plan, we encourage use of a preferred product which is listed below. If use of a non-preferred product is required, you may request a prior authorization via phone, fax, or mail and include a supporting statement explaining why the requested diabetic testing product is medically necessary and why the preferred products would be less effective.

1. <https://www.cms.gov/files/document/2023-star-ratings-technical-notes.pdf> Accessed December 20, 2023

2. SH, Kim SA, Park KH, Kim HS, Han SJ, Park WJ. Self-blood pressure monitoring is associated with improved awareness, adherence, and attainment of target blood pressure goals: Prospective observational study of 7751 patients. *J Clin Hypertens (Greenwich)*. 2019;21(9):1298-1304.

NDC	Drug Name	Utilization Management
65702049210	Acu-Check Smartview (for Nano) 50 Count Test Strips	
65702040710	Acu-Check Aviva Plus 50 Count Test Strips	
65702071110	Acu-Check Guide Plus 50 Count Test Strips	
65702049310	Acu-Check Smartview (for Nano) 100 Count Test Strips	
65702040810	Acu-Check Aviva Plus 100 Count Test Strips	
65702071210	Acu-Check Guide Plus 100 Count Test Strips	
65702073110	Acu-Check Guide Me Care Kit	
65702072910	Acu-Check Guide Care Kit	
65702048110	Acu-Check Fastclix Lancet Device	
65702028810	Acu-Check Fastclix Lancet (102)	
65702040010	Acu-Check Softclix Lancet Device	
50924097110	Acu-Check Softclix Lancet (100)	
65702071310	Accu-Check Guide Glucose Control Solution	
65702010710	Accu-Check Aviva Glucose Control Solution	
65702048810	Accu-Check Smartview Glucose Control Solution	
08627001601	Dexcom G6 Transmitter Miscellaneous	Coverage Determination Required
08627005303	Dexcom G6 Sensor Miscellaneous	Coverage Determination Required
08627009111	Dexcom G6 Receiver Device	Coverage Determination Required
08627007701	Dexcom G7 Sensor Miscellaneous	Coverage Determination Required
08627007801	Dexcom G7 Receiver Device	Coverage Determination Required
57599000021	FreeStyle Libre Reader Device	Coverage Determination Required
57599000101	FreeStyle Libre 14 Day Sensor Miscellaneous	Coverage Determination Required
57599000200	FreeStyle Libre 14 Day Reader Device	Coverage Determination Required
57599080000	FreeStyle Libre 2 Sensor Miscellaneous	Coverage Determination Required
57599080300	FreeStyle Libre 2 Reader Device	Coverage Determination Required
57599081800	FreeStyle Libre 3 Sensor Miscellaneous	Coverage Determination Required
57599082000	FreeStyle Libre 3 Reader Device	Coverage Determination Required



All images are used under license for illustrative purposes only. Any individual depicted is a model.