Endorsement Consideration:

PQA Health Plan & Pharmacy Performance Measures

The specifications for ONE new HEALTH PLAN performance measure and TWO new PHARMACY performance measures recommended for PQA endorsement consideration are detailed on the pages that follow.

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One HEALTH PLAN Performance Measure

1. Migraine Preventive Therapy (MPT)

Description

The percentage of individuals ≥18 years of age with frequent use of acute migraine treatment medications that also received preventive migraine treatment medications.

A higher rate indicates better performance.

Intended Use

Intended Use	Performance measurement for health plans.
Related Measures	None

Definitions

Acute Migraine Treatment Medications	See Medication Table MPT-A: Acute Migraine Treatment Medications.
Preventive Migraine Treatment Medications	See Medication Table MPT-B: Preventive Migraine Treatment Medications.
Measurement Year	The calendar year (January 1 through December 31) when the measure is assessed.
Denominator Evaluation Period	The ≤120-day period when the denominator is assessed. Each date of service for an acute migraine treatment medication represents the beginning of a denominator evaluation period of ≤120 days during the measurement year. The denominator evaluation period must end ≥90 days before the end of the measurement year.
Prescription Claims	Only paid, non-reversed prescription claims are included in the data set to calculate the measure.
Cluster Headache Exclusion	Any individuals with a diagnosis of cluster headache at any time during the measurement year. • ≥1 claim with cluster headache in the primary diagnosis or any other diagnosis fields during the measurement year. See Value Set, Cluster Headache.
Tension-Type Headache Exclusion	Any individuals with a diagnosis of tension-type headache, that does not also have a diagnosis for migraine, at any time during the measurement year. • ≥1 claim with tension-type headache in the primary diagnosis or any other diagnosis fields during the measurement year. See Value Set, Tension-Type Headache; And • No claim with migraine headache in the primary diagnosis or any other diagnosis fields during the measurement year. See Value Set, Migraine Headache.

Eligible Population

Ages	18 years and older as of the first day of the measurement year.
Continuous Enrollment	The measurement year, with one allowable gap.
Allowable Gap	No more than one gap in enrollment of up to 31 days during the measurement year. When enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Benefit	Medical and Pharmacy.
Event/Diagnosis	Individuals with ≥1 prescription claims for any acute migraine treatment medication (see Medication Table MPT-A) during the measurement year and also with ≥12 headaches within any denominator evaluation period.

Use the steps below to determine the eligible population.

Step 1 Identify individuals aged ≥18 years of age as of the first day of the measurement year.

Step 2 Identify individuals meeting the continuous enrollment criteria.

Step 3 Identify individuals with ≥1 prescription claim for an acute migraine treatment medication (see Medication Table MPT-A) during the measurement year.

Step 4 For each prescription claim for an acute migraine treatment medication, calculate the number of headaches by multiplying the quantity by the appropriate conversion factor (see Table MPT-C Migraine Headache Conversion Factors).

Step 5 For each ≤120-day denominator evaluation period, sum the number of headaches across prescription claims.

- Exclude the prescription claim(s) with the latest date of service during the denominator evaluation period.
- If there are multiple claims for acute migraine medications with the same date of service, calculate the number of migraines using all prescription claims.

Note: The International Classification of Headache Disorders (ICHD) criteria for identifying chronic migraine headaches evaluates migraine headaches over >3 months.[1] However, for this measure, prescription claims are used as a proxy for the frequency of migraine headaches. Since only refills indicate medication usage and the occurrence of migraine headaches, the denominator evaluation period has been extended to ≤120 days and the prescription claims with the latest date of service during each denominator evaluation period are not included.

Step 6 Identify individuals with ≥12 headaches within any denominator evaluation period.

Note: The American Headache Society (AHS) defines frequent attacks as ≥4 monthly headache days.[1]

Step 7 Exclude individuals with any of the following:

- Cluster headache: Diagnosis of cluster headache at any time during the measurement year.
- Tension-Type Headache: Diagnosis of tension-type headache at any time during the measurement year and no diagnosis of migraine headache during the measurement year.

[1]American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments Into Clinical Practice [published correction appears in Headache. 2019 Apr;59(4):650-651]. Headache. 2019;59(1):1-18.

Administrative Specification

Data Sources		Prescription claims, medical claims.
Denominator		The eligible population.
Numerator		The number of individuals from the denominator with ≥1 claims for a preventive migraine treatment medication during the measurement year.
	Step 1	From the denominator population, identify individuals with ≥1 claims for a preventive migraine treatment medication (see Medication Table MPT-B) during the measurement year.
	Step 2	Count the number of individuals that received a preventive migraine treatment medication.
Rate		Divide the numerator by the denominator and multiply by 100.
Stratification		Commercial, Medicaid, Medicare (report each product line separately). For Medicare, report rates for low-income subsidy (LIS) and non-LIS separately.

Medication Tables

Table MPT-A: Acute Migraine Treatment Medications[a]

Triptan[b]		
• almotriptan • eletriptan • frovatriptan	• naratriptan • rizatriptan • sumatriptan	• sumatriptan & naproxen • zolmitriptan
Butorphanol[c]		
• butorphanol		
Ergotamine derivative medication[d]		
• dihydroergotamine	• ergotamine	• ergotamine & caffeine
Nonsteroidal anti-inflammatory drug		
• diclofenac (Cabmia®)		
Butalbital		
• butalbital & acetaminophen • butalbital & acetaminophen & caffeine	• butalbital & acetaminophen & caffeine & codeine • butalbital & aspirin & caffeine	• butalbital & aspirin & caffeine & codeine
Midrin®-type medication		
• isometheptene & acetaminophen & caffeine	• isometheptene & acetaminophen & dichloralphenazone	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
• ubrogepant	• rimegepant	
Serotonin 5-HTF Receptor Agonist		
• lasmiditan		

[a] Limited to medications with an indication for acute migraine treatment.
[b] Excludes transdermal products.
[c] Limited to nasal products only.
[d] Excludes intravenous products.

Table MPT-B: Preventive Migraine Treatment Medications[a,b]

Antiepileptics		
• divalproex sodium • sodium valproate & valproic acid	• topiramate	• carbamazepine
OnabotulinumtoxinA		
• onabotulinumtoxinA		
Beta Blockers		
• metoprolol • propranolol • timolol	• atenolol • nadolol	• nebivolol • pindolol
Antidepressants		
• amitriptyline	• venlafaxine	
ACE Inhibitors/ ARB		
• lisinopril	• candesartan	
Alpha Agonists		
• clonidine	• guanfacine	
CGRP Receptor Antagonists		
• eptinezumab • erenumab	• fremanezumab	• galcanezumab
Antihistamine		
• cyproheptadine		

[a] Limited to medications with a sole indication for migraine preventive treatment, or with Level A, B or C evidence for migraine preventive treatment.
[b] Excludes combination products.

Table MTP-C: Migraine Headache Conversion Factors

Medication/Medication Class	Route/Dosage Form	Quantity	Headaches
triptan	Oral	2 tablets	1
triptan	Subcutaneous	1 mL	1
triptan	Nasal spray	2 sprays	1
triptan	Nasal powder	4 nosepieces	1
butorphanol	Nasal	2.5 mL	6
ergotamine derivatives	Nasal	1 mL	1
ergotamine derivatives	Injection	2 mL ampule	1
ergotamine derivatives	Oral	2 tablets	1
ergotamine derivatives	Rectal	2 suppositories	1
Cambia®	Oral	2 packets	1
butalbital	Oral	2 tablets/capsules	1
Midrin®-type medication	Oral	2 capsules	1
ubrogepant	Oral	2 tablets	1
rimegepant	Oral	1 tablet	1
lasmiditan 50mg	Oral	1 tablet	1
lasmiditan 100mg	Oral	2 tablets	1

Two PHARMACY Performance Measures

1. Specialty Pharmacy Turnaround Time (SP-TAT)

Description

The average number of days between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery.

A lower average turnaround time indicates better performance.

Intended Use

Intended Use	Performance measurement for specialty pharmacies.
Related Measures	None

Definitions

New Prescription	Prescriptions received through all points of entry (e.g., eRx, hard copy, fax, phone) for medications listed in Table SP-TAT-A, where the refill number is 00.
Measurement Year	The calendar year (January 1 through December 31) when the measure is assessed.
On hold, or Pended Prescription[1]	Refers to a prescription in process that enters a queue while an intervention occurs, or issue is being resolved.
Profiled Prescription[1]	A prescription that is added to an individual's profile so that it is available to be filled when the medication is needed at some point in the future (e.g., a prescription for a medication where there are refills remaining on a current prescription for the same medication).
Specialty Medications	See Table SP-TAT-A. *Note: This is not an all-inclusive list of specialty medications; rather, it is a standard list for use within this measure*.
Turnaround Time	The number of days between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery. • Include only Monday through Friday when counting the number of days for the turnaround time. • Prescriptions ready for pick-up or scheduled for delivery are included in the turnaround time even if later canceled or returned to stock. • The time that a prescription is on hold or pended IS included when determining the turnaround time. • The time that a prescription is in profiled status IS NOT included when determining the turnaround time.
Turnaround Time Start Date	The first date in the dispensing system for a new prescription. • e-prescription: the date the electronic prescription is received in the dispensing system. • hard copy/phone/fax: the date the prescription is first manually entered into the dispensing system.

[1] Specialty pharmacies might use different terms for these scenarios, but they should align with these definitions for purposes of calculating this measure

Turnaround Time End Date

The first date the new prescription is:

- ready for pick up; or
- scheduled for delivery*

**Note: This is the date the specialty pharmacy schedules the delivery, not the date the prescription leaves the pharmacy.*

Eligible Prescriptions

Event/Diagnosis

New prescriptions (i.e., refill number 00) for any medication listed in Table SP-TAT-A during the measurement year.

Administrative Specification

Data Sources

Dispensing system data; clinical or care management system data.

Denominator

The total number of new prescriptions for medications included in Table SP-TAT-A during the measurement year.

Denominator Exclusions

Prescriptions that received a "Refill too soon" error upon adjudication.

Numerator

The sum of the turnaround times, in whole days, for all prescriptions included in the Denominator.

Measure Calculation

Follow the steps, below, to determine average (i.e., mean) turnaround time for new prescriptions.

Step 1 Identify all new prescriptions (i.e., refill number 00) for medications included in Table SP-TAT-A that were filled during the measurement year.

Step 2 Sum the number of prescriptions identified in Step 1. This is the denominator.

Step 3 For each prescription in the denominator, count the number of days between the turnaround time start date and the turnaround time end date, (turnaround time end date – turnaround time start date + 1).

Notes:

- *When determining the turnaround time for each prescription, use whole days, regardless of the time of day that the prescription was received.*
- *Include only Monday through Friday when counting the number of days for the turnaround time.*
- *Prescriptions ready for pick-up or scheduled for delivery are included in the turnaround time even if later canceled or returned to stock.*
- *The time that a prescription is on hold or pended IS included when determining the turnaround time.*
- *The time that a prescription is in profiled status IS NOT included when determining the turnaround time.*

Example 1: A new prescription is received on Monday, January 7 and on Thursday, January 10 is scheduled for delivery. The turnaround time for this prescription is 4 days.

Example 2: A new prescription is received on Sunday, January 6 and on Thursday, January 10 is scheduled for delivery. The turnaround time for this prescription is 4 days.

Example 3: A new prescription is received on Monday, January 7 and ready for pickup on Thursday, January 10. The prescription is returned to stock on Thursday, January 17. The turnaround time for this prescription is 4 days.

Example 4: A new prescription is received on Monday, January 7, and is profiled due to there being another active prescription. On Monday, February 4, the prescription is requested by the patient and pharmacy begins to process. On Wednesday, February 6, the prescription is scheduled for delivery. The turnaround time for this prescription is 3 days.

Example 5: A new prescription is received on Monday, January 7. The patient asks to cancel the prescription due to cost prior to being ready for pick-up or scheduled for delivery. This prescription should not be included in the measure.

Step 4 For the numerator, sum the turnaround times (i.e., number of whole days) for all prescriptions included in the denominator.

Rate Divide the numerator by the denominator and report the rate as days/new prescription. Report the rate rounded to two decimal places.

Stratification None

Medication Table

Table SP-TAT-A: Specialty Medications

Cystic Fibrosis		
• Aztreonam	• Ivacaftor	• Tezacaftor
• Dornase-Alfa	• Lumacaftor	• Tobramycin[a]
Growth Hormone		
• Pegvisomant	• Somatropin	• Tesamorelin
Hereditary Angioedema		
• C1 Esterase Inhibitor	• Icatibant	• Lanadelumab
• Ecallantide		
Hemophilia		
• Antihemophilic Factor	• Emicizumab	• Prothrombin
• Coagulation Factor	• Fibrinogen	• Von Willebrand Factor
Hepatitis C		
• Boceprevir	• Ledipasvir + Sofosbuvir	• Peginterferon Alfa-2B
• Daclatasvir	• Ombitasvir + Paritaprevir + Ritonavir (+/- Dasabuvir)	• Ribavirin
• Elbasvir + Grazoprevir		• Simeprevir
• Glecaprevir + Pibrentasvir	• Peginterferon Alfa-2A	• Sofosbuvir (+/- velpatasvir, voxilaprevir)
Human Immunodeficiency Virus		
• Abacavir (+/- dolutegravir, lamivudine, zidovudine)	• Doravirine (+/- lamivudine, tenofovir)	• Maraviroc
• Atazanavir sulfate (+/- cobicistat)	• Efavirenz (+/- emtricitabine, lamivudine, tenofovir)	• Nelfinavir
• Bictegravir + emtricitabine + tenofovir alafenamide	• Elvitegravir (+/- cobicistat, emtricitabine, tenofovir)	• Nevirapine
• Cobicistat	• Emtricitabine (+/- rilpivirine, tenofovir)	• Raltegravir
• Darunavir ethanolate	• Enfuvirtide	• Rilpivirine
• Darunavir-cobicistat	• Etravirine	• Ritonavir (+/- lopinavir)
• Darunavir (+/- cobicistat, emtricitabine, tenofovir)	• Fosamprenavir	• Saquinavir
• Delavirdine	• Ibalizumab	• Stavudine
• Didanosine	• Indinavir	• Tenofovir
• Dolutegravir sodium (+/- lamivudine, rilpivrine)	• Lamivudine (+/-tenofovir, zidovudine)	• Tipranavir
		• Zidovudine
Hypercholesterolemia		
• Alirocumab	• Evolocumab	
Immunology		
• Immune Globulin	• Interferon Gamma-1B	
Inflammatory		
• Abatacept	• Etanercept	• Sarilumab
• Adalimumab	• Golimumab	• Secukinumab
• Anakinra	• Guselkumab	• Tildrakizumab
• Apremilast	• Infliximab	• Tocilizumab

- Baricitinib
- Brodalumab
- Canakinumab
- Certolizumab
- Ixekizumab
- Methotrexate
- Rilonacept
- Risankizumab
- Tofacitinib
- Upadacitinib
- Ustekinumab
- Vedolizumab

Multiple Sclerosis

- Alemtuzumab
- Cladribine
- Daclizumab
- Dalfampridine
- Dimethyl Fumarate
- Diroximel
- Fingolimod
- Glatiramer
- Interferon Beta-1A
- Interferon Beta-1B
- Mitoxantrone
- Natalizumab
- Ocrelizumab
- Peginterferon Beta-1A
- Siponimod
- Teriflunomide

Oncology

- Abemaciclib
- Abiraterone
- Acalabrutinib
- Ado Trastuzumab Emtansine
- Afatinib
- Aldesleukin
- Alectinib
- Alemtuzumab
- Alpelisib
- Altretamine
- Amifostine
- Anastrozole
- Apalutamide
- Arsenic Trioxide
- Asparaginase
- Atezolizumab
- Avaprinib
- Avelumab
- Axicabtagene Ciloleucel
- Axitinib
- Azacitidine
- Bcg
- Belinostat
- Bendamustine
- Bevacizumab
- Bexarotene
- Bicalutamide
- Binimetinib
- Bleomycin
- Blinatumomab
- Bortezomib
- Bosutinib
- Brentuximab
- Brigatinib
- Busulfan
- Cabazitaxel
- Cabozantinib
- Calaspargase
- Capecitabine
- Carboplatin
- Carfilzomib
- Carmustine
- Cemiplimab
- Ceritinib
- Cetuximab
- Chlorambucil
- Cisplatin
- Cladribine
- Clofarabine
- Cobimetinib
- Epirubicin
- Erdafitinib
- Eribulin
- Erlotinib
- Estramustine
- Etoposide
- Everolimus
- Exemestane
- Fam-trastuzumab deruxtecan
- Fedratinib
- Floxuridine
- Fludarabine
- Fluorouracil
- Flutamide
- Fulvestrant
- Gefitinib
- Gemcitabine
- Gemtuzumab
- Gilteritinib
- Glasdegib
- Glucarpidase
- Goserelin
- Hydroxyprogesterone
- Hydroxyurea
- Ibritumomab
- Ibrutinib
- Idarubicin
- Idelalisib
- Ifosfamide
- Imatinib
- Inotuzumab
- Interferon Alfa-2B
- Interferon Alfa-N3
- Interferon Beta-1A
- Interferon Beta-1B
- Iobenguane
- Ipilimumab
- Irinotecan
- Ivosidenib
- Ixabepilone
- Ixazomib
- Lapatinib
- Larotrectinib
- Lenalidomide
- Lenvatinib
- Letrozole
- Leucovorin
- Levamisole
- Levoleucovorin
- Lomustine
- Olaratumab
- Omacetaxine
- Osimertinib
- Oxaliplatin
- Paclitaxel
- Palbociclib
- Palifermin
- Panitumumab
- Panobinostat
- Pazopanib
- Pegaspargase
- Peginterferon Alfa-2A
- Peginterferon Alfa-2B
- Peginterferon Beta-1A
- Pembrolizumab
- Pemetrexed
- Pentostatin
- Pertuzumab
- Pexidartinib
- Polatuzumab Vedotin
- Pomalidomide
- Ponatinib
- Porfimer
- Pralatrexate
- Procarbazine
- Radium Dichloride
- Ramucirumab
- Rasburicase
- Regorafenib
- Ribociclib
- Rituximab
- Romidepsin
- Rucaparib
- Ruxolitinib
- Samarium SM Lexidronam
- Selinexor
- Sipuleucel-T
- Sonidegib
- Sorafenib
- Streptozocin
- Sunitinib
- Tagraxofusp
- Talazoparib
- Talimogene Laherparepvec
- Tamoxifen
- Tazemostat
- Temozolomide
- Temsirolimus
- Teniposide
- Thalidomide

• Copanlisib	• Lorlatinib	• Thioguanine
• Crizotinib	• Lutetium	• Thiotepa
• Cyclophosphamide	• Mechlorethamine	• Tisagenlecleucel
• Cytarabine	• Medroxyprogesteroneb	• Topotecan
• Dabrafenib	• Megestrol	• Toremifene
• Dacarbazine	• Melphalan	• Trabectedin
• Dacomitinib	• Mercaptopurine	• Trametinib
• Dactinomycin	• Mesna	• Trastuzumab
• Daratumumab	• Methotrexate	• Tretinoin
• Darolutamide	• Methoxsalen	• Trifluridine/Tipiracil
• Dasatinib	• Midostaurin	• Valrubicin
• Daunorubicin	• Mitomycin	• Vandetanib
• Decitabine	• Mitotane	• Vemurafenib
• Degarelix	• Mitoxantrone	• Venetoclax
• Dexrazoxane	• Mogamulizumab	• Vinblastine
• Dinutuximab	• Moxetumomab Pasudotox	• Vincristine
• Docetaxel	• Necitumumab	• Vinorelbine
• Doxorubicin	• Nelarabine	• Vismodegib
• Durvalumab	• Neratinib	• Vorinostat
• Duvelisib	• Nilotinib	• Zanubrutinib
• Elotuzumab	• Nilutamide	• Ziv-Aflibercept
• Enasidenib	• Niraparib	
• Encorafenib	• Nivolumab	
• Enfortumab	• Obinutuzumab	
• Entrectinib	• Ofatumumab	
• Enzalutamide	• Olaparib	
Peripheral Arterial Hypertension[c]		
• Ambrisentan	• Macitentan	• Sildenafil
• Bosentan	• Riociguat	• Tadalafil
• Epoprostenol	• Selexipag	• Treprostinil
• Iloprost		
Phenylketonuria		
• Pegvaliase	• Sapropterin	
Transplant		
• Azathioprine	• Cyclosporine	• Mycophenolate
• Basiliximab	• Emapalumab	• Sirolimus
• Belatacept	• Everolimus	• Tacrolimus

Note: Excludes the following routes of administration: ophthalmic and topical.

[a] Limited to inhaled products.

[b] Limited to injectable products.

[c] Excludes products indicated for erectile dysfunction.

2. Proportion of Days Covered Composite (Pharmacy) (PDC-CMP-PH)

Description

The composite percentage of individuals attributed to the pharmacy ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for diabetes medications, renin angiotensin system antagonist, and statins.

This is a composite pharmacy performance measure that combines rates from the following component measures:

- Component 1: Proportion of Days Covered: Diabetes All-Class (PDC-DR-CMP-PH)
- Component 2: Proportion of Days Covered: Renin Angiotensin System Antagonist (PDC-RASA-CMP-PH)
- Component 3: Proportion of Days Covered: Statins (PDC-STA-CMP-PH)

A higher rate indicates better performance.

Intended Use

Intended Use	Performance measurement for pharmacies. This measure requires a minimum denominator of 30 for reliability. This minimum denominator requirement is assessed at the composite measure level, not at the component measure level. If the minimum denominator size is not met, the measure should not be used in accountability programs.

Composite Calculation

Step 1	Calculate each component measure separately for PDC-DR-CMP-PH, PDC-RASA-CMP-PH, and PDC-STA-CMP-PH using the specifications below. *Note: Individuals are counted separately in the denominator and numerator of each component measure, even if they are included in the denominator and numerator of multiple component measures.*
Step 2	Aggregate component measures by summing the denominators and numerators of each component measure. This is the composite denominator and numerator.
Step 3	Apply the minimum denominator requirement of 30 to the composite denominator. For performance measurement, do not report measure rates for pharmacies that do not meet the minimum denominator requirement of 30.
Step 4	Calculate the composite measure rate as the composite numerator divided by the hold composite denominator.

The specifications for each component measure are included on the following pages.

Proportion of Days Covered Composite (Pharmacy) – Component 1: Diabetes All Class (PDC-DR-CMP-PH)

Description

The percentage of individuals attributed to the pharmacy ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for diabetes medications during the measurement year.

A higher rate indicates better performance.

Definitions

Diabetes Medications	Diabetes or diabetes combination products. See the following Medication Tables: • BG: Biguanides • SFU: Sulfonylureas • TZD: Thiazolidinediones • DPP4: DPP-4 Inhibitors • GLP1: GLP-1 Receptor Agonists • MEG: Meglitinides • SGLT2: SGLT2 Inhibitors
Proportion of Days Covered (PDC)	The proportion of days in the treatment period "covered" by prescription claims for the same medication or another in its therapeutic category.
PDC Threshold	The level of PDC above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit (80% for diabetes and cardiovascular drugs, and many chronic conditions).
Pharmacy	Refers to individual outpatient pharmacies, inclusive of community (independent and chain), specialty, mail order and long-term care pharmacies. Pharmacies are identified by their National Provider Identifier (NPI).
Index Prescription Start Date (IPSD)	The earliest date of service for a target medication during the measurement year.
Treatment Period	The individual's treatment period begins on the IPSD and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period should be at least 91 days.
Prescription Claims	Only paid, non-reversed prescription claims are included in the data set to calculate the measure.
Hospice Exclusion	Any individual in hospice care at any time during the measurement year. • Hospice indicator from the enrollment database, if available (e.g., Medicare); or • ≥1 claim, encounter, or medical record during the measurement year. See Hospice Encounter Value Set and Hospice Intervention Value Set (e.g., Medicaid, commercial).
End-Stage Renal Disease Diagnosis Exclusion	Any individuals with ESRD any time during the measurement year • ≥1 claim with ESRD in the primary diagnosis or any other diagnosis fields during the measurement year. See Value Set, ESRD.
Insulin Exclusion	Any individuals with ≥1 prescription claim for insulin in the treatment period (See Medication Table INSULINS: Insulin Exclusion).

Eligible Population

Patient-Pharmacy Attribution

Assign each individual to the pharmacy with ≥51% of the days' supply for all of the individual's prescription claims involving a target medication.

- Identify each pharmacy using the National Provider Identifier (NPI).
- Count all days' supply for claims that occur for target medications during the measurement year. Do not adjust for overlapping days' supply or exclude days' supply that occurs beyond the end of the measurement year.
- If no pharmacy has ≥51% of the days' supply, the individual is not attributed, as no pharmacy can be fairly held accountable for their care.

Ages

≥18 years of age as of the first day of the measurement year.

Continuous Enrollment

The treatment period.

Exclude individuals with more than one 1-day gap in enrollment during the treatment period. Note: This allows for a 1-day gap to compensate for discrepancies in the enrollment data. For example, if an individual was eligible from 1/1-4/1 and 4/3-12/31, they would still be continuously enrolled despite the one-day gap in eligibility on 4/2.

Benefit

Pharmacy.

Event/Diagnosis

Individuals with at least two prescription claims for any of the diabetes medications (see Medication Tables BG, SFU, TZD, DPP4, GLP1, MEG, or SGLT2) on different dates of service in the treatment period. The prescriptions can be for the same or different medications and can be from any of these seven tables.

Use the steps below to determine the eligible population.

Step 1 Identify individuals ≥18 years of age as of the first day of the measurement year.

Step 2 Identify individuals with ≥2 prescription claims on different dates of service for any diabetes medication (see Medication Tables BG, SFU, TZD, DPP4, GLP1, MEG, or SGLT2) during the measurement year.

Step 3 Identify individuals with an IPSD from January 1 – October 2 of the measurement year.

Step 4 Determine each individual's treatment period. The treatment period is the time period (in days) from the IPSD to the end of the measurement year, death or last day of enrollment, whichever occurs first.

Step 5 Identify individuals with a treatment period that is ≥91 days during the measurement year.

Step 6 Identify individuals meeting the continuous enrollment requirement during the treatment period.

Step 7 Exclude individuals with one or more of the following:

- Hospice: Hospice care at any time during the measurement year.
- ESRD: An ESRD diagnosis at any time during the measurement year.
- Insulin: A prescription claim for insulin during the treatment period (Medication Table INSULINS).

Step 8 Assign each individual to the pharmacy with ≥51% of the days' supply for all of the individual's prescription claims involving a target medication.

- Identify each pharmacy using the National Provider Identifier (NPI).

- If no pharmacy has ≥51% of the days' supply, the individual is not attributed, as no pharmacy can be fairly held accountable for their care.

Administrative Specification

Data Sources Prescription claims, medical claims.

Denominator The eligible population.

Numerator The number of individuals who met the PDC threshold during the measurement year. Follow the steps below for each individual to determine whether the individual meets the PDC threshold.

Measure Calculation

Step 1 Determine the individual's treatment period, defined as the IPSD to the end of the measurement year, last day of enrollment, or death.

Step 2 Within the treatment period, count the days the individual was covered by at least one diabetes medication (see Medication Tables BG, SFU, TZD, DPP4, GLP1, MEG, or SGLT2) based on the date of service and days' supply from all prescription claims regardless of attributed pharmacy. If the days' supply for prescription claims with the same target drug (generic ingredient) overlap, then adjust the prescription claim's start date to be the day after the last days' supply for the previous prescription claim.

Note: Adjustment of overlap should also occur when there is overlap of a single drug product to a combination product containing the single drug or when there is an overlap of a combination product to another combination product where at least one of the target drugs is common.

***Step* 3** Divide the number of covered days found in Step 2 by the number of days found in Step 1. Multiply this number by 100 to obtain the PDC (as a percentage) for each individual. Then, round the PDC to the nearest hundredth (e.g., 79.996% is rounded to 80.00%, 79.992% is rounded to 79.99%).

Step 4 Count the number of individuals who had a PDC of 80% or greater and then divide by the total number of eligible individuals.

An example of SAS code for steps 1-3 is available from PQA upon request, and is also available at the URL: http://www2.sas.com/proceedings/forum2007/043-2007.pdf

Stratification Commercial, Medicaid, Medicare (report each product line separately).

Medication Tables

Table BG: Biguanides[a,b]

Biguanide Medications and Combinations
• metformin (+/- alogliptin, canagliflozin, dapagliloflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)

[a] Active ingredients are limited to oral formulations only.
[b] Excludes nutritional supplement/dietary management combination products.

Table SFU: Sulfonylureas[a]

Sulfonylurea Medications and Combinations		
• chlorpropamide	• glipizide (+/- metformin)	• tolazamide
• glimepiride (+/- pioglitazone)	• glyburide (+/- metformin)	• tolbutamide

[a] Active ingredients are limited to oral formulations only.

Table TZD: Thiazolidinediones[a]

Thiazolidinedione Medications and Combinations		
• pioglitazone (+/- alogliptin, glimepiride, metformin)	• rosiglitazone (+/- metformin)	

[a] Active ingredients are limited to oral formulations only.

Table DPP4: DPP-4 Inhibitors[a]

DPP-4 Medications and Combinations		
• alogliptin (+/- metformin, pioglitazone)	• saxagliptin (+/- metformin, dapagliflozin)	• sitagliptin (+/- metformin, ertugliflozin)
• linagliptin (+/- empagliflozin, metformin)		

[a] Active ingredients are limited to oral formulations only.

Table GLP1: GLP-1 Receptor Agonists[a]

DPP-4 Medications and Combinations		
• albiglutide	• exenatide	• lixisenatide
• dulaglutide	• liraglutide	• semaglutide

[a] Excludes products indicated for weight loss.

Table MEG: Meglitinides[a]

Meglinitides and Combinations		
• nateglinide	• repaglinide (+/-metformin)	

[a] Active ingredients are limited to oral formulations only.

Table SGLT2: Sodium Glucose Co-Transporter2 (SGLT2) Inhibitors[a]

SGLT2 Inhibitors and Combinations		
• canagliflozin (+/-- metformin)	• empagliflozin (+/- metformin, linagliptin)	• ertugliflozin (+/- sitagliptin, metformin)
• dapagliflozin (+/- metformin, saxagliptin)		

[a] Active ingredients are limited to oral formulations only.

Table INSULINS: Insulin Exclusion[a]

Insulins		
• insulin aspart (+/-insulin aspart protamine)	• insulin glargine (+/- lixisenatide)	• insulin lispro (+/- insulin lispro protamine)
• insulin degludec (+/- liraglutide)	• insulin glulisine	• insulin regular (including inhalation powder)
• insulin detemir	• insulin isophane (+/- regular insulin)	

[a] Active ingredients are limited to inhaled and injectable formulations only.

Proportion of Days Covered Composite (Pharmacy) – Component 2: Renin Angiotensin System Antagonists (PDC-RASA-CMP-PH)

Description

The percentage of individuals attributed to the pharmacy ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for RAS Antagonists during the measurement year.

A higher rate indicates better performance.

Definitions

RAS Antagonist Medications	ACEI/ARB/direct renin inhibitor or ACEI/ARB/direct renin inhibitor combination products. See Medication Table RASA: Renin Angiotensin System Antagonists.
Proportion of Days Covered (PDC)	The proportion of days in the treatment period "covered" by prescription claims for the same medication or another in its therapeutic category.
PDC Threshold	The level of PDC above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit (80% for diabetes and cardiovascular drugs, and many chronic conditions).
Pharmacy	Refers to individual outpatient pharmacies, inclusive of community (independent and chain), specialty, mail order and long-term care pharmacies. Pharmacies are identified by their National Provider Identifier (NPI).
Index Prescription Start Date (IPSD)	The earliest date of service for a target medication during the measurement year.
Treatment Period	The individual's treatment period begins on the IPSD and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period should be at least 91 days.
Prescription Claims	Only paid, non-reversed prescription claims are included in the data set to calculate the measure.
Hospice Exclusion	Any individuals in hospice care at any time during the measurement year. • Hospice indicator from the enrollment database, if available (e.g., Medicare); or • ≥1 claim, encounter, or medical record during the measurement year. See Hospice Encounter Value Set and Hospice Intervention Value Set (e.g., Medicaid, commercial).
End-Stage Renal Disease Diagnosis Exclusion	Any individuals with an ESRD diagnosis at any time during the measurement year. • ≥1 claim with ESRD in the primary diagnosis or any other diagnosis fields during the measurement year. See Value Set, ESRD.
Sacubitril/Valsartan Exclusion	Any individuals with ≥1 prescription claims for the medication, sacubitril/valsartan during the treatment period (See Medication Table SAC-VAL: Sacubitril/Valsartan Exclusion).

Eligible Population

Patient-Pharmacy Attribution

Assign each individual to the pharmacy with ≥51% of the days' supply for all of the individual's prescription claims involving a target medication.

- Identify each pharmacy using the National Provider Identifier (NPI).
- Count all days' supply for claims that occur for target medications during the measurement year. Do not adjust for overlapping days' supply or exclude days' supply that occurs beyond the end of the measurement year.
- If no pharmacy has ≥51% of the days' supply, the individual is not attributed, as no pharmacy can be fairly held accountable for their care.

Ages

≥18 years of age as of the first day of the measurement year.

Continuous Enrollment

The treatment period.

Exclude individuals with more than one 1-day gap in enrollment during the treatment period. Note: This allows for a 1-day gap to compensate for discrepancies in the enrollment data. For example, if an individual was eligible from 1/1-4/1 and 4/3-12/31, they would still be continuously enrolled despite the one-day gap in eligibility on 4/2.

Benefit

Pharmacy.

Event/Diagnosis

Individuals with at least two prescription claims for any RAS antagonist (see Medication Table RASA) on different dates of service in the treatment period. The prescription claims can be for the same or different medications.

Use the steps below to determine the eligible population.

Step 1 Identify individuals ≥18 years of age as of the first day of the measurement year.

Step 2 Identify individuals with ≥2 prescription claims on different dates of service for any RAS antagonist (see Medication Table RASA) during the measurement year.

Step 3 Identify individuals with an IPSD from January 1 – October 2 of the measurement year.

Step 4 Determine each individual's treatment period. The treatment period is the time period (in days) from the IPSD to the end of the measurement year, death or last day of enrollment, whichever occurs first.

Step 5 Identify individuals with a treatment period that is ≥91 days during the measurement year.

Step 6 Identify individuals meeting the continuous enrollment requirement during the treatment period.

Step 7 Exclude individuals with one or more of the following:

- Hospice: Hospice care at any time during the measurement year.
- ESRD: An ESRD diagnosis at any time during the measurement year.
- Sacubitril/Valsartan: A prescription claim for sacubitril/valsartan during the treatment period (Table SAC-VAL).

Step 8 Assign each individual to the pharmacy with ≥51% of the days' supply for all of the individual's prescription claims involving a target medication.

- Identify each pharmacy using the National Provider Identifier (NPI).
- If no pharmacy has ≥51% of the days' supply, the individual is not attributed, as no pharmacy can be fairly held accountable for their care.

Administrative Specification

Data Sources Prescription claims, medical claims.

Denominator The eligible population.

Numerator The number of individuals who met the PDC threshold during the measurement year. Follow the steps below for each individual to determine whether the individual meets the PDC threshold.

Measure Calculation

Step 1 Determine the individual's treatment period, defined as the IPSD to the end of the measurement year, last day of enrollment, or death.

Step 2 Within the treatment period, count the days the individual was covered by at least one RAS antagonist (Medication Table RASA) based on the date of service and days' supply from all prescription claims regardless of attributed pharmacy. If the days' supply for prescription claims with the same target drug (generic ingredient) overlap, then adjust the prescription claim's start date to be the day after the last days' supply for the previous prescription claim.

Note: Adjustment of overlap should also occur when there is overlap of a single drug product to a combination product containing the single drug or when there is an overlap of a combination product to another combination product where at least one of the target drugs is common.

Step 3 Divide the number of covered days found in Step 2 by the number of days found in Step 1. Multiply this number by 100 to obtain the PDC (as a percentage) for each individual. Then, round the PDC to the nearest hundredth (e.g., 79.996% is rounded to 80.00%, 79.992% is rounded to 79.99%).

Step 4 Count the number of individuals who had a PDC of 80% or greater and then divide by the total number of eligible individuals.

An example of SAS code for steps 1-3 is available from PQA upon request, and is also available at the URL: http://www2.sas.com/proceedings/forum2007/043-2007.pdf

Stratification Commercial, Medicaid, Medicare (report each product line separately).

Medication Tables

Table RASA: Renin Angiotensin System Antagonists[a,b]

Direct Renin Inhibitor Medications and Combinations		
• aliskiren (+/- hydrochlorothiazide)		
ARB Medications and Combinations		
• azilsartan (+/- chlorthalidone) • candesartan (+/- hydrochlorothiazide) • eprosartan (+/- hydrochlorothiazide)	• irbesartan (+/- hydrochlorothiazide) • losartan (+/- hydrochlorothiazide) • olmesartan (+/- amlodipine, hydrochlorothiazide)	• telmisartan (+/- amlodipine, hydrochlorothiazide) • valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)
ACE Inhibitor Medications and Combination Products		
• benazepril (+/- amlodipine, hydrochlorothiazide) • captopril (+/- hydrochlorothiazide) • enalapril (+/- hydrochlorothiazide) • fosinopril (+/- hydrochlorothiazide)	• lisinopril (+/- hydrochlorothiazide) • moexipril (+/- hydrochlorothiazide) • perindopril (+/- amlodipine)	• quinapril (+/- hydrochlorothiazide) • ramipril • trandolapril (+/- verapamil)

[a] Active ingredients are limited to oral formulations only.
[b] Excludes nutritional supplement/dietary management combination products.

Table SAC-VAL: Sacubitril/Valsartan Exclusion

ARB/Neprilysin Inhibitor Combination Medication
• sacubitril/valsartan

Proportion of Days Covered Composite (Pharmacy) – Component 3: Statins (PDC-STA-CMP-PH)

Description

The percentage of individuals attributed to the pharmacy ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for statins during the measurement year.

A higher rate indicates better performance.

Definitions

Statin Medications	Statin or statin combination products. See Medication Table STATINS: Statins
Proportion of Days Covered (PDC)	The proportion of days in the treatment period "covered" by prescription claims for the same medication or another in its therapeutic category.
PDC Threshold	The level of PDC above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit (80% for diabetes and cardiovascular drugs, and many chronic conditions).
Pharmacy	Refers to individual outpatient pharmacies, inclusive of community (independent and chain), specialty, mail order and long-term care pharmacies. Pharmacies are identified by their National Provider Identifier (NPI).
Index Prescription Start Date (IPSD)	The earliest date of service for a target medication during the measurement year.
Treatment Period	The individual's treatment period begins on the IPSD and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period should be at least 91 days.
Prescription Claims	Only paid, non-reversed prescription claims are included in the data set to calculate the measure.
Hospice Exclusion	Any individuals in hospice care at any time during the measurement year. • Hospice indicator from the enrollment database, if available (e.g., Medicare); or • ≥1 claim, encounter, or medical record during the measurement year. See Hospice Encounter Value Set and Hospice Intervention Value Set (e.g., Medicaid, commercial).
End-Stage Renal Disease Diagnosis Exclusion	Any individuals with an ESRD diagnosis at any time during the measurement year. • ≥1 claim with ESRD in the primary diagnosis or any other diagnosis fields during the measurement year. See Value Set, ESRD.

Eligible Population

Patient-Pharmacy Attribution

Assign each individual to the pharmacy with ≥51% of the days' supply for all of the individual's prescription claims involving a target medication.

- Identify each pharmacy using the National Provider Identifier (NPI).
- Count all days' supply for claims that occur for target medications during the measurement year. Do not adjust for overlapping days' supply or exclude days' supply that occurs beyond the end of the measurement year.
- If no pharmacy has ≥51% of the days' supply, the individual is not attributed, as no pharmacy can be fairly held accountable for their care.

Ages

≥18 years of age as of the first day of the measurement year.

Continuous Enrollment

The treatment period.

Exclude individuals with more than one 1-day gap in enrollment during the treatment period. Note: This allows for a 1-day gap to compensate for discrepancies in the enrollment data. For example, if an individual was eligible from 1/1-4/1 and 4/3-12/31, they would still be continuously enrolled despite the one-day gap in eligibility on 4/2.

Benefit

Pharmacy.

Event/Diagnosis

Individuals with at least two prescription claims for any statin (see Medication Table STATINS) on different dates of service in the treatment period. The prescription claims can be for the same or different medications.

Use the steps below to determine the eligible population.

Step 1 Identify individuals ≥18 years of age as of the first day of the measurement year.

Step 2 Identify individuals with ≥2 prescription claims on different dates of service for any statin (see Medication Table STATINS) during the measurement year.

Step 3 Identify individuals with an IPSD from January 1 – October 2 of the measurement year.

Step 4 Determine each individual's treatment period. The treatment period is the time period (in days) from the IPSD to the end of the measurement year, death or last day of enrollment, whichever occurs first.

Step 5 Identify individuals with a treatment period that is ≥91 days during the measurement year.

Step 6 Identify individuals meeting the continuous enrollment requirement during the treatment period.

Step 7 Exclude individuals with one or more of the following:

- Hospice: Hospice care at any time during the measurement year.
- ESRD: An ESRD diagnosis at any time during the measurement year.

Step 8 Assign each individual to the pharmacy with ≥51% of the days' supply for all of the individual's prescription claims involving a target medication.

- Identify each pharmacy using the National Provider Identifier (NPI).
- If no pharmacy has ≥51% of the days' supply, the individual is not attributed, as no pharmacy can be fairly held accountable for their care.

Administrative Specification

Data Sources	Prescription claims, medical claims.
Denominator	The eligible population.
Numerator	The number of individuals who met the PDC threshold during the measurement year. Follow the steps below for each individual to determine whether the individual meets the PDC threshold.
Measure Calculation	
Step 1	Determine the individual's treatment period, defined as the IPSD to the end of the measurement year, disenrollment, or death.
Step 2	Within the treatment period, count the days the individual was covered by at least one drug in the class based on the date of service and days' supply from all prescription claims regardless of attributed pharmacy. If the days' supply for prescription claims with the same target drug (generic ingredient) overlap, then adjust the prescription claim's start date to be the day after the last days' supply for the previous prescription claim. *Note: Adjustment of overlap should also occur when there is overlap of a single drug product to a combination product containing the single drug or when there is an overlap of a combination product to another combination product where at least one of the target drugs is common.*
Step 3	Divide the number of covered days found in Step 2 by the number of days found in Step 1. Multiply this number by 100 to obtain the PDC (as a percentage) for each individual. Then, round the PDC to the nearest hundredth (e.g., 79.996% is rounded to 80.00%, 79.992% is rounded to 79.99%).
Step 4	Count the number of individuals who had a PDC of 80% or greater and then divide by the total number of eligible individuals. An example of SAS code for steps 1-3 is available from PQA upon request, and is also available at the URL: http://www2.sas.com/proceedings/forum2007/043-2007.pdf
Stratification	Commercial, Medicaid, Medicare (report each product line separately).

Medication Table

Table STATINS: Statins[a]

Statin Medications		
• atorvastatin (+/- amlodipine)	• pitavastatin	• rosuvastatin
• fluvastatin	• pravastatin	• simvastatin (+/- ezetimibe, niacin)
• lovastatin (+/- niacin)		

[a] Active ingredients are limited to oral formulations only.