Retirement Consideration: PQA-Endorsed Performance Measures

The specifications for PQA-endorsed health plan performance measures recommended for retirement consideration are detailed on the pages that follow.

Table of Contents

5911 KINGSTOWNE VILLAGE PARKWAY, SUITE 130
ALEXANDRIA, VA 22315
T 703.347.7963 W WWW.PQAALLIANCE.ORG

Drug-Drug Interactions (DDI)

Description

The percentage of individuals who received a prescription for a target medication during the measurement year and who were dispensed a concurrent prescription for a precipitant medication.

A lower rate indicates better performance.

PQA Endorsed 2008 (Updated 2017).

Intended Use

Intended Use	Performance measurement for health plans.

Definitions

Target Medication	See Medication Table DDI-A: Target Medications and Precipitant Medications.
Precipitant Medication	See Medication Table DDI-A: Target Medications and Precipitant Medications.
Measurement Year	The calendar year (January 1 through December 31) when the measure is assessed.
Concurrent Use	The prescriptions for the target and precipitant medications are considered to be concurrent if the covered days for the precipitant medication has any day(s) of overlap with the target medication(s).
Prescription Claims	Only paid, non-reversed prescription claims are included in the data set to calculate the measure.

Eligible Population

Ages	There are no age criteria for this measure.
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	Pharmacy.
Event/Diagnosis	Individuals with a prescription claim for a target medication during the measurement year.
	Use the steps below to determine the eligible population.
Step 1	Identify individuals meeting the continuous enrollment criteria.
Step 2	Identify individuals with a prescription claim for a target medication during the measurement year.

Administrative Specification

Data Sources Prescription claims, medical claims.

Denominator The eligible population.

Numerator The number of individuals in the denominator who were dispensed a concurrent precipitant medication during the measurement period.

Step 1 From the denominator population, count individuals with a concurrent precipitant medication during the measurement period.

Note: If the target and precipitant medications are the same generic (ingredient), do not count as a DDI in the numerator (See Category I in Medication Table DDI-A: Target Medications and Precipitant Medications). For example, do not count amiodarone as the precipitant medication if amiodarone is the target 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 populations separately.

Medication Table

Table DDI-A: Target Medications and Precipitant Medications[a]

Category[b]	Target Drug or Drug Class (Step 1)	Precipitant Drug or Drug Class (Step 2)
A	• atazanavir	**Proton Pump Inhibitors** • dexlansoprazole • lansoprazole • omeprazole • pantoprazole • rabeprazole
B	• digoxin	**Selected P-gp inhibitors** • clarithromycin • erythromycin
C	**Ergot Derivatives** • dihydroergotamine • ergotamine • ergonovine[d]	**CYP 3A4 Inhibitors** *Azole antifungal agents* • itraconazole • ketoconazole • posaconazole • voriconazole *Macrolides* • clarithromycin • erythromycin • telithromycin *Protease inhibitors* • atazanavir • darunavir • fosamprenavir • indinavir • lopinavir/ritonavir • nelfinavir • ritonavir • saquinavir • tipranavir *Miscellaneous* • nefazodone
D	• methotrexate	• trimethoprim/sulfamethoxazole

Category[b]	Target Drug or Drug Class (Step 1)	Precipitant Drug or Drug Class (Step 2)
E	**Monoamine Oxidase Inhibitors** • isocarboxazid • linezolid • phenelzine • procarbazine • selegiline • tranylcypromine	**Antidepressants** • citalopram • desvenlafaxine • duloxetine • escitalopram • fluoxetine • fluvoxamine • levomilnacipran • milnacipran • nefazodone • paroxetine • sertraline • vilazodone • venlafaxine • vortioxetine **Opioids** • fentanyl • meperidine • tapentadol • tramadol **Sympathomimetics** • amphetamine • atomoxetine • benzphetamine • dexmethylphenidate • dextroamphetamine • diethylpropion • isometheptened • lisdexamfetamine • methamphetamine • methylphenidate • phendimetrazine • phentermine • phenylephrine • pseudoephedrine **Miscellaneous** • buspirone • deutetrabenazine • dextromethorphan • tetrabenazine
F	**Purine Antagonists** • mercaptopurine • azathioprine	**Xanthine Oxidase Inhibitors** • allopurinol • febuxostat
G	**Risk of TdP** • flecainide • quinidine • thioridazine	**CYP 2D6 inhibitors** • bupropion • duloxetine • fluoxetine • haloperidol • methadone • paroxetine • ritonavir • terbinafine
H	**Risk of TdP** • amiodarone • disopyramide • dofetilide • dronedarone • pimozide	**CYP 3A4 Inhibitors** Azole antifungal agents • itraconazole • ketoconazole • posaconazole • voriconazole Macrolides • clarithromycin • erythromycin

Category[b]	Target Drug or Drug Class (Step 1)	Precipitant Drug or Drug Class (Step 2)
		• telithromycin Protease inhibitors • atazanavir • darunavir • fosamprenavir • indinavir • lopinavir/ritonavir • nelfinavir • ritonavir • saquinavir • tipranavir Miscellaneous • nefazodone
I[c]	**Risk of TdP** • amiodarone • disopyramide • dofetilide • dronedarone • flecainide • pimozide • quinidine • sotalol • thioridazine • vandetanib	**Risk of TdP (not in combination with itself)** • amiodarone • disopyramide • dofetilide • dronedarone • flecainide • pimozide • quinidine • sotalol • thioridazine • vandetanib
J	**Statins** • lovastatin • simvastatin	**CYP 3A4 Inhibitors** *Azole antifungal agents* • itraconazole • ketoconazole • posaconazole • voriconazole *Macrolides* • clarithromycin • erythromycin • telithromycin *Protease inhibitors* • atazanavir • darunavir • fosamprenavir • indinavir • lopinavir/ritonavir • nelfinavir • ritonavir • saquinavir • tipranavir *Miscellaneous* • nefazodone
K	• theophylline	**CYP1A2 Inhibitors** • ciprofloxacin • fluvoxamine • mexiletine
L	• tizanidine	**CYP 1A2 Inhibitors** • ciprofloxacin • fluvoxamine • mexiletine

Category[b]	Target Drug or Drug Class (Step 1)	Precipitant Drug or Drug Class (Step 2)
M	• triazolam	**CYP 3A4 Inhibitors** Azole antifungal agents • itraconazole • ketoconazole • posaconazole • voriconazole *Macrolides* • clarithromycin • erythromycin • telithromycin *Protease inhibitors* • atazanavir • darunavir • fosamprenavir • indinavir • lopinavir/ritonavir • nelfinavir • ritonavir • saquinavir • tipranavir *Miscellaneous* • nefazodone
N	• warfarin	**CYP 2C9 Inhibitors** • fluconazole • metronidazole • trimethoprim/sulfamethoxazole

[a] Includes combination products and the following routes of administration: oral, sublingual, nasal, self-injectable (dihydroergotamine, methotrexate), rectal, buccal, transdermal, inhaled and translingual; excludes OTC products, bulk powder products and the following routes of administration: IV, IM, injectable, external, ophthalmic, otic, and vaginal.

[b] The DDI categories are grouped by drug class and/or mechanism and are labeled with letters for ease of reference; the order is alphabetical, not hierarchical, and does not imply degree of seriousness.

[c] For Category I, if the target and precipitant medications arethe same (generic ingredient), do not count as a DDI in the numerator

[d] There are no active NDCs for the following: ergonovine, isometheptene.

Use of High-Risk Medications in the Elderly (HRM)

Description

The percentage of individuals ≥65 years of age who received ≥2 prescription claims for a high-risk medication during the measurement year.

A lower rate indicates better performance.

PQA Endorsed 2008 (Updated 2017).

Intended Use

Intended Use	Performance measurement for health plans.
Related Measures	• Use of High-Risk Medications in the Elderly (DAE) (NCQA). • Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH) (PQA). • Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS) (PQA).

Definitions

High-Risk Medication	Select prescription drugs recommended to avoid in persons 65 years and older by the American Geriatric Society Beers Criteria for Potentially Inappropriate Medications Use in Older Adults. See Medication Table HRM-A: High-Risk Medications.
Measurement Year	The calendar year (January 1 through December 31) when the measure is assessed.
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).

Eligible Population

Ages	≥65 years of age 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	Pharmacy.
	Use the steps below to determine the eligible population.
Step 1	Identify individuals ≥65 years of age as of the first day of the measurement year.
Step 2	Identify individuals meeting the continuous enrollment criteria.
Step 3	Exclude individuals in hospice care at any time during the measurement year.

Administrative Specification

Data Sources	Prescription claims, medical claims.
Denominator	The eligible population.
Numerator	Individuals from the denominator with 2 or more prescription claims on different dates of service for the same high-risk medication (Medication Table HRM-A) during the measurement year.
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 Table

Table HRM-A: High-Risk Medications

Anticholinergics (excludes TCAs)		
First-generation antihistamines (as single agent or as part of combination products) – *excludes OTC products*	• brompheniramine • carbinoxamine • chlorpheniramine • clemastine • cyproheptadine • dexbrompheniramine • dexchlorpheniramine • diphenhydramine (oral)	• dimenhydrinate • doxylamine • hydroxyzine • meclizine • promethazine • pyrilamine[c] • triprolidine
Antiparkinson agents	• benztropine (oral)	• trihexyphenidyl
Antispasmodics	• atropine (excludes ophthalmic) • belladonna alkaloids • clidinium-chlordiazepoxide • dicyclomine	• hyoscyamine • methscopalamine • propantheline • scopolamine
Antithrombotics		
Antithrombotics	• dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)	
Anti-infective		
Anti-infective	• nitrofurantoin (include when cumulative day supply is >90 days) **(A**)	
Cardiovascular		
Central alpha blockers	• guanfacine • guanabenz[c]	• methyldopa • reserpine (>0.1mg/day) **(B)**
Cardiovascular, other	• digoxin (>0.125mg/day) **(C)** • disopyramide	• nifedipine, immediate release
Central Nervous System		
Antidepressants (alone or in combination)	• amitriptyline • amoxapine • clomipramine • desipramine • doxepin (>6mg/day) **(D)**	• imipramine • paroxetine • nortriptyline • protriptyline • trimipramine
Barbiturates	• amobarbital • butabarbital • butalbital • mephobarbital[c]	• pentobarbital • phenobarbital • secobarbital
Central Nervous System, other	• meprobamate	
Nonbenzodiazepine, benzodiazepine receptor agonist hypnotics (i.e., "Z-drugs") (include when cumulative day supply is >90 days) **(E)**	• eszopiclone • zaleplon	• zolpidem
Vasodilators for dementia	• ergoloid mesylates	• isoxsuprine
Endocrine		
Endocrine	• desiccated thyroid • estrogens[a] with or without progesterone (oral, topical patch, and topical gel products only)	• megestrol
Sulfonylureas, long-duration	• chlorpropamide • glimepiride	• glyburide
Pain Medications		
Pain Medications	• meperidine	
Non-COX-selective NSAIDS[b]	• indomethacin	• ketorolac (includes parenteral)
Skeletal muscle relaxants		
Skeletal muscle relaxants (as a single agent or as part of a combination product)	• carisoprodol • chlorzoxazone • cyclobenzaprine	• metaxalone • methocarbamol • orphenadrine

Abbreviations: OTC, over the counter.

Note (in general – unless otherwise specified): Includes combination products and the following routes of administration: oral, transdermal, injectable (IJ, SC, IM, IV), rectal, sublingual, buccal and inhalation.

[a] Conjugated estrogen, esterified estrogen, estradiol, estropipate (includes combination products and the following routes of administration: oral, transdermal patches/gel).
[b] Includes oral and injectable (IJ, SC, IM, IV) routes only.
[c] There are no active NDCs for guanabenz, mephobarbital, pyrilamine.

Notes

Additional information for calculation of cumulative days' supply and average dose:

A. For nitrofurantoin, an individual is included in the numerator if he/she has at least two prescription claims for the medication and if the cumulative days' supply for any nitrofurantoin product is greater than 90 days during the measurement period.

B. For reserpine, an individual is included in the numerator if he/she has at least two prescription claims for the medication and if the average daily dose is greater than 0.1mg.

C. For digoxin, an individual is included in the numerator if he/she has at least two prescription claims for the medication and if the average daily dose is greater than 0.125mg.

D. For doxepin, an individual is included in the numerator if he/she has at least two prescription claims for the medication and if the average daily dose is greater than 6mg.

E. The cumulative calculation applies to the class of nonbenzodiazepine, benzodiazepine receptor agonist hypnotics (i.e., "Z-drugs") and not for each individual medication. An individual is included in the numerator if he/she has at least two prescription claims for any medication in the class and if the cumulative days' supply for any product is greater than 90 days during the measurement period. For example, if an individual has a prescription claim for a 30-day supply of zolpidem, a second prescription claim for a 30-days supply of zolpidem and then a prescription claim for a 35-days supply of eszopiclone (all during the measurement period), this would qualify for inclusion in the numerator.

For Average Dose Calculation in B, C and D.

During the measurement period, calculate a daily dose for each prescription claim of the dose dependent HRM drug using the following formula:

(quantity dispensed x dose)/days' supply.

If the individual has two or more prescription claims of a dose dependent HRM drug where the daily dose exceeds the average dose threshold, the member is in the numerator

For Cumulative Days' Supply Calculation in A and E.
For medications dispensed during the measurement period, sum the days' supply, including any days' supply that extends beyond the measurement period. All doses dispensed within the measurement period are included in the calculation for that measurement period. For example, for a prescription of a 30-day supply dispensed on December 31 of the measurement period, include the 30-day supply in the cumulative days' supply calculation. This days' supply would not, however, be included in the following measurement period that starts on January 1 of the following calendar year.