Optimizing Health by Advancing the Quality of Medication Use

2021 PQA MEASURE MANUAL

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Proportion of Days Covered: Renin Angiotensin System Antagonists (PDC-RASA)

Description

The percentage of individuals ≥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.

PQA Endorsed 2008 (NQF-Endorsed #0541).

Intended Use

Intended Use	Performance measurement for health plans.
Related Measures	*Primary Medication Nonadherence* (PMN)

Definitions

RAS Antagonist Medications	ACEI/ARB/direct renin inhibitor or ACEI/ARB/direct renin inhibitor combination products. See Medication Table RASA: Renin Angiotensin System (RAS) 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).
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; or • Pharmacy hierarchical condition category (RxHCC) 261 and 262 from the Medicare Part D risk adjustment model for payment year 2019 or 2020 which

indicates dialysis status, if ICD-10-CM codes are not available.[3]

Sacubitril/Valsartan Exclusion	Any individual with ≥1 prescription claim for sacubitril/valsartan during the treatment period. See Medication Table SAC-VAL: Sacubitril/Valsartan Exclusion.

Eligible Population

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, he/she 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 (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 meeting the continuous enrollment criteria.
Step 3	Identify individuals with ≥2 prescription claims on different dates of service for any RAS antagonist (see Medication Table: RASA) during the measurement year.
Step 4	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 (see Medication Table SAC-VAL) during the treatment period.

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 RAS antagonist (Medication Table RASA) based on the date of service and days' supply on prescription claims. If the days' supply for prescription claims with the same target drug (generic ingredient) overlap, then adjust the prescription

[3] Available at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html

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

Rate Divide the numerator by the denominator and multiply by 100.

Stratification Commercial, Medicaid, Medicare (report each product line separately). For Medicare, see notes below.

Medication Tables

Table RASA: Renin Angiotensin System (RAS) 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

Notes

Sociodemographic Risk Adjustment for three PQA Proportion of Days Covered (PDC) Measures Used in Medicare Part D

PQA recommends the following pertaining to the use of the three health plan adherence measures, *PDC-Diabetes All Class*, *PDC-Renin Angiotensin System Antagonists*, and *PDC-Statins*, in Medicare Part D:

- The measure rates should be risk adjusted for sociodemographic status (SDS) characteristics to adequately reflect differences in patient populations.

- The measure rates should be adjusted for the following beneficiary-level SDS characteristics: age, gender, dual eligibility/Low-Income Subsidy (LIS) status, and disability status.
- The measure rates should be stratified by the beneficiary-level SDS characteristics listed above to allow health plans to identify disparities and understand how their patient population mix is affecting their measure rates.