Annual Monitoring of Anticonvulsant, Phenytoin

MEASURE DESCRIPTION:

Annual Monitoring of Anticonvulsant, Phenytoin, indicates whether a patient, aged 18 years and older, who received at least 180 days of phenytoin anticonvulsant medication during the measurement year, had at least one therapeutic monitoring event (lab test) during that same period. This excludes patients who had an inpatient stay during the measurement year.

This measure is based on the HEDIS measure *Annual Monitoring for Patients on Persistent Medications* (MPM).

PROPRIETARY STATUS:
This measure is owned by NCQA [NQF-Endorsed ™].

CRITERIA REVISION:
- This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.
- The NDC drug codes are from the NCQA files released November 2012.

CRITERIA REVIEW DATE: 03/29/2013

MEASURE TYPE: Quality - process of care

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 12

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of patients, aged 18 years and older at the end of the measurement year, who received at least 180 treatment days of phenytoin anticonvulsant medication during the measurement year. It excludes patients who had an inpatient stay during the measurement year.

At least 180 days supply of phenytoin (during the measurement year)	NDC Codes as defined by NCQA (www.ncqa.org) And Days Supply >= 180 when summed across all phenytoin drug prescriptions. Only prescriptions filled during the measurement year are counted. Only the number of calendar days covered by prescriptions filled within the measurement year are counted. For example, a prescription for 90 days dispensed 30 days prior to the end of the reporting period has only 30 days counted.
AND	
Age in years (as of the end of the measurement year)	Age in Years >= 18

EXCLUSIONS:

Excludes from the eligible population all patients who had an inpatient stay anytime during the measurement year. This includes admissions to hospitals, hospices, skilled nursing facilities, intermediate care facilities, rehabilitation facilities, and residential

psychiatric or substance abuse facilities.

Inpatient admission (acute, non-acute, or long- term care) (during the measurement year)	(Place of Service Code = 21, 25, 31, 32, 34, 51, 54, 55, 56, 61 Or Bill Type Code UB = 11*, 12*, 18*, 21*, 22*, 41*, 81*, 82*, 84* Or Revenue Code UB = 0115, 0118, 0125, 0128, 0135, 0138, 0145, 0148, 0155, 0158, 019*, 0650, 0655, 0656, 0658, 0659, 1001, 1002 Or HCPCS Procedure Code = H0017-H0019, T2048)

NUMERATOR:

Identifies patients, aged 18 years and older at the end of the measurement year, who had at least one drug serum concentration monitoring test for phenytoin during the measurement year.

At least one drug concentration test for phenytoin (during the measurement year)	CPT Procedure Code = 80185, 80186

CONTINUOUS ENROLLMENT:

Continously enrolled with medical and drug coverage during the measurement year, which equates to 12 months out of 12 months.

MEASURE BACKGROUND:

Adverse drug events can lead to hospital admissions. A meta-analysis estimated that in 1994 more than 1 million Americans were hospitalized because of adverse drug events, accounting for 4.7 percent of all admissions. In one survey, 25 percent of primary care outpatients reported an adverse drug event. The incidence of adverse events appears to increase with patients taking multiple drugs. Some adverse events are related to suboptimal laboratory monitoring. In one study, nearly half of all patients taking at least one chronic medication did not receive all of the laboratory tests recommended for monitoring, including drug levels for seizure medications, or renal function and electrolytes for patients taking ACE inhibitors, diuretics, or digoxin.

Treatment with an antiepileptic drug (AED) should be monitored regularly, including seizure frequency, side effects, and laboratory monitoring. Laboratory monitoring should include drug concentrations, blood counts, and hepatic and renal function. Drug levels should be checked at least yearly in stable patients. Drug levels can be used to determine the dose needed to maintain remission, assist in the diagnosis of AED toxicity, and assess compliance. It should be done more frequently with dose adjustments, changes in formulation of the AE, or changes in the patient's drug regimen, and during pregnancy.