Pharmacy E-News

Q3 – Q4 2019

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In this issue:

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2020 Medicare Star Rating – Pharmacy Update

By Janet Kim, PharmD, BCPS & Josh Akers, PharmD, BCACP

Key Points:

- Kaiser Permanente Washington (Kaiser Permanente) received overall 5 stars for 2020 Medicare star rating (reflects 2018 calendar year performance) and ranked in top 5% nationally among Medicare Advantage Prescription Drug Coverage (MAPD) plans.
- This top rating for providing excellent care now allows Kaiser Permanente to welcome consumers to enroll with Kaiser Permanente MAPD all year round.
- Performance improved in 2018 compared to 2017 for many metrics in both Part C (e.g., diabetes blood sugar controlled, medication reconciliation post discharge) and Part D (e.g., MTM CMR rate, medication adherence).

Background

All Medicare Advantage plans and Medicare Prescription Drug Plans receive an overall quality rating from the Centers for Medicare and Medicaid Services (CMS). These ratings are updated annually and are presented in the form of stars. A 5 star rating is the highest possible score, while fewer stars indicate lower quality. CMS provides the following guidance regarding the different star ratings: 5 Stars – Excellent, 4 Stars - Above Average, 3 Stars – Average, 2 Stars - Below Average, 1 Star – Poor.

2020 Star Rating Result

The 2020 CMS Star ratings reflect primarily performance in the calendar year of 2018. Kaiser Permanente Medicare Advantage Prescription Drug Coverage (MAPD)

plan received an ***overall rating of 5 stars,*** ranking in the top 5% nationally***. Part C summary rating was 4.5 stars and Part D summary rating was 5 stars***. Kaiser Permanente is the highest rated and only health plan in Washington that received the CMS 5 star designation. At the National level, Kaiser Permanente represented 7 of the 20 highest performing contracts for 2020. Various factors go toward calculating the star rating, such as different weighting of quality measures, overall improvement or decline in performance compared to the prior year, member satisfaction via CAPHS surveys, and reward for consistent high performance across measures. Overall, Kaiser Permanente significantly improved in many metrics, including those related to appeals for both Part C and D (an area which had significantly declined in 2017 and prioritized in 2018 to improve) (**Table 1**).

MAPD contracts are rated on 45 unique quality and performance measures, which roll up to the overall quality rating. With increasing competition among Medicare plans nationally, cutpoints generally increase every year. Continued improvement each year is key in continuing to provide high quality care to members, staying ahead of the increasing cutpoints, and continuing to receive overall 5 stars in the future.

Table 1. Quality Measures Performance Highlights and Next Steps

	Pharmacy Performance Highlights	Next Steps
Significant Improvements	**Diabetes, Hypertension, Cholesterol Medication Adherence** performance all improved by 2-3% resulting in 5 stars across all three-adherence metrics! *Adherence measures total to most highly weighted of all quality measures.*	Adherence is important for our patients to receive full benefit of their medications. Multiple initiatives and tools are underway to continue to improve adherence.
	Statin Use in Persons with Diabetes (SUPD) – Met 5-star cutpoint and improved performance by 1% compared to prior year.	Continue to engage care teams to initiate and educate on importance of statins in appropriate patients.
	MTM Comprehensive Medication Review (CMR) completion rate improved from 4 to 5 stars (performance improved 6%). 5-star cutpoint decreased by 2%.	Continue to improve performance
	Medication Reconciliation Post-Discharge improved from 4 to 5 stars (performance improved 10%). 5-star cutpoint increased by 5%.	Continue to improve performance
	Appeals Upheld improved from 1 to 3 stars and **Complaints about the Drug Plan improved** from 4 to 5 stars.	Continue process improvements. Being an integrated delivery system, most of our patients perceive their health plan and pharmacy experience as one and the same.
Area for Improvement	**Member Experience** declined in three Part C measures (Getting Needed Care, Getting Appoints and Care Quickly, Customer Service) and one Part D measure (Rating of Drug Plan).	Many initiatives across care delivery and pharmacy are underway to improve patient experience, especially as relates to access and leveraging technology, and customer service.

MTM=Medication Therapy Management; CY=Calendar Year

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Kaiser Permanente Pharmacy Expansion of Naloxone CDTA to all Kaiser Permanente Pharmacies

By Melissa Sturgis, PharmD, BCACP

Key Points:

- Kaiser Permanente patients 13 years of age or older who are at risk for an opioid overdose or who may witness an opioid overdose in another person may now request naloxone nasal spray (Narcan®) at any Kaiser Permanente pharmacy.
- The Washington State Naloxone Standing Order is very similar to the Kaiser Permanente Naloxone CDTA already in place at Kaiser Permanente Clinic Pharmacies.

Background

Washington State's new "Naloxone Law" HB1671 went into effect on July 24, 2015. This law expanded access to naloxone by supporting more efficient distribution options.

As a result, Kaiser Permanente began a naloxone distribution pilot in Eastern Washington KP pharmacies in 2017. Kaiser Permanente pharmacists were trained to prescribe naloxone upon patient request via a Collaborative Drug Therapy Agreement (CDTA) filed with Washington state. They were also trained to counsel patients on when and how to use naloxone, and the importance of seeking emergency medical care after using naloxone.

In August 2019, Dr. Kathryn Lofy, the state's health officer, issued a standing order allowing pharmacies within Washington State to prescribe naloxone for persons or entities who are at risk for opioid overdose or in the position to assist a person at risk of experiencing an opioid-related overdose. As a CDTA requires physician sponsorship, this standing order is important for those community pharmacies who may not have a structure for obtaining such sponsorship for to provide naloxone via CDTA.

Front Counter Naloxone Dispense

Trained Kaiser Permanente Pharmacists may prescribe naloxone via CDTA for **any** Kaiser Permanente member age 13 or over who requests it.

Additionally, to reduce cost barriers for naloxone to patients, the Kaiser Permanente P&T Committee approved a tier change for Narcan® nasal spray for patients with Kaiser Permanente Commercial insurance from brand tier to generic tier. (Of note, Narcan® remains a brand tier for Medicare members).

Further improvement in naloxone distribution is in the works by Kaiser Permanente pharmacists who are piloting new tools for proactively offering naloxone to at-risk patients. This pilot, underway in EWA and Everett KP pharmacies, is testing a new alert using the Kaiser Permanente Chronic Opioid Therapy (COT) Safety Guideline For Non-Cancer Pain risk stratification tool for Moderate- and High-Intensity COT patients who have not had a naloxone dispense in the previous 365 days. Based on the promising results of this pilot, these new tools are expected to be rolled-out to all Kaiser Permanente pharmacies later this year.

Post-Operative Opioid Prescribing

By Mena Raouf, PharmD and Edwin Lojeski, DO

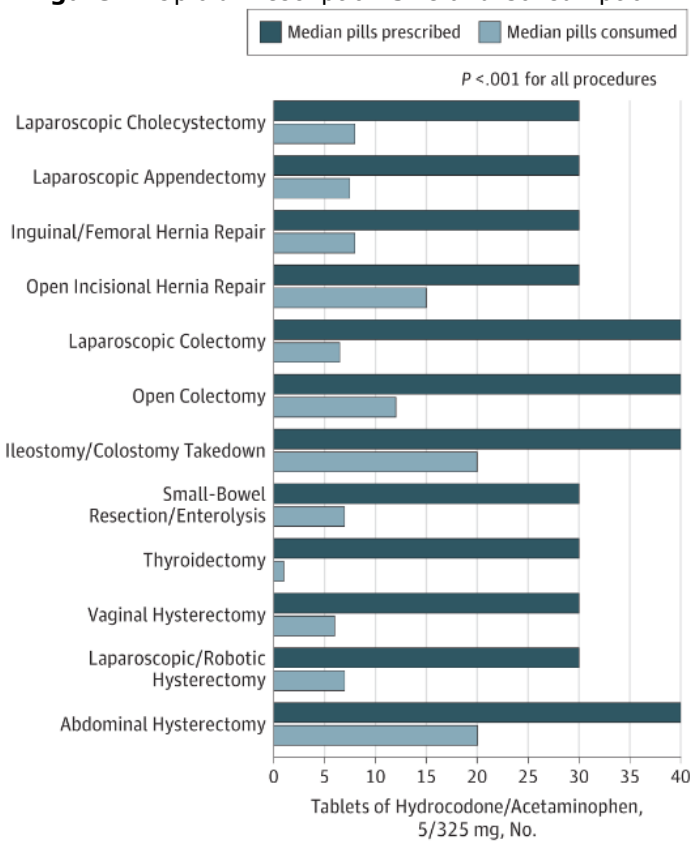
Key points:

- Opioids are often prescribed in excess after surgeries. Approximately, 72% of opioids prescribed by surgeons go unused by patients, resulting in leftover, unused medications that pose significant risk to the patient and the public.[1]
- Between 5% to 10% of opioid naïve patients become chronic opioid users after being prescribed opioids for surgery.[2,3]
- Procedure-specific prescribing recommendations can help provide guidance to clinicians currently overprescribing opioids for post-operative pain.

Background

- Several studies have shown that opioids are overprescribed after surgeries.[1-5] The impact of excess opioid prescribing in opioid naïve patients is two fold – (1) inadvertently transitioning from acute to chronic opioid therapy, and (2) increasing leftover pills available for misuse, abuse, and diversion.
- A systematic review of 6 studies (N=810) evaluating post-operative opioid prescribing across 7 different procedures found 67% to 92% of patients reported unused opioids with 42% to 71% of opioid pills unused.[2]
- A large retrospective population-based study (N=2,392) analyzed the quantity of opioids prescribed for surgery in opioid naïve patients and patient-reported opioid consumption. Results are shown in **Figure 1**.[4]
- One large cross-sectional study (N=18,343) found that 45.6% of surgical patients who used no opioids in the 24 hours prior to hospital discharge received an opioid prescription upon discharge.[5]

Figure 1: Opioid Prescription Size and Consumption[4]



Procedure-specific Recommendations

- Michigan Opioid Prescribing Engagement Network (OPEN) developed evidence-based procedure-specific opioid prescribing recommendations (**Table 1**).[6]
- These recommendations were developed using patient-reported data (patients surveyed post-operatively on opioid consumption), published studies, and expert opinion. [6]
- These recommendations apply only to opioid naïve patients.

Table 1: Recommended Number of Tablets Based on Procedure[6]

PROCEDURE	Oxycodone 5mg Tablets
Laparoscopic Cholecystectomy	10
Open Cholecystectomy	15
Appendectomy - Laparoscopic or Open	10
Open appendectomy	10
Hernia Repair - Major or Minor	10
Colectomy - Laparoscopic or Open	15
Ileostomy/Colostomy Creation, Re-siting, or Closure	15

Open Small Bowel Resection or Enterolysis	20
Thyroidectomy	5
Sleeve Gastrectomy	10
Prostatectomy	10
Laparoscopic Anti-reflux (Nissen)	15
Laparoscopic Donor Nephrectomy	10
Cardiac Surgery via Median Sternotomy	15
Hysterectomy - Vaginal, Lap/Robotic, or Abdominal	15
Cesarean Section	15
Breast Biopsy or Lumpectomy	5
Lumpectomy + Sentinel Lymph Node Biopsy	5
Sentinel Lymph Node Biopsy Only	5
Wide Local Excision ± Sentinel Lymph Node Biopsy	20
Simple Mastectomy ± Sentinel Lymph Node Biopsy	20
Modified Radical Mastectomy or Axillary Lymph Node Dissection	30
Carotid Endarterectomy	10
Total Hip Arthroplasty	30
Total Knee Arthroplasty	50
Dental	0

***If prescribing hydrocodone 5mg, the number of tablets remains the same as listed above.**

Conclusions

- Prescribing a higher number of opioid tablets than appropriate or prescribing any opioids when none are needed to reasonably manage pain, demonstrates opportunities to reduce avoidable harm by reducing unnecessary opioid exposure.
- Using evidence-based recommendations to guide post-operative opioid prescribing in opioid naïve patients can potentially decrease the number of patients that transition from acute to chronic opioid use and limit the access to unused opioid medications in the community.

Beers Criteria 2019 Update on High Risk Medications in the Elderly

By Janet Kim, PharmD, BCPS; Reviewed by Dan Kent, PharmD, CDE

Key Points:

- The American Geriatrics Society updated their Beers Criteria for Potentially Inappropriate Medication Use in Older Adults for 2019.
- Updates were overall minor but did include adding glimepiride to the list of drugs to avoid in the elderly due to concern of its hypoglycemic effects.

- Providers are recommended to prescribe glipizide instead as a safer sulfonylurea alternative in 65+ year old patients.

Background

- The American Geriatrics Society (AGS) interdisciplinary geriatric expert panel reviews published evidence and updates the Beers Criteria for Potentially Inappropriate Medication (PIM) Use in Older Adults every 3 years.[7]
- The Beers Criteria lists PIMs that are recommended to be avoided in 65+ year old patients in most circumstances or under specific situations (i.e., certain diseases, conditions).[7]
- At least annual patient discussion on changing risks versus benefits is recommended considering physiological changes with older age (e.g., slower metabolism, less clearance, weakened blood-brain barrier) and increased risk for falls. Many of these high-risk medications also diminish in efficacy over time.

Quality Metrics

- The HEDIS display metric "Drugs to Avoid in Elderly (DAE)" and Medicare 5-star display metric "High Risk Medications in the Elderly (HRM)" both are adapted from the Beers Criteria list.
- The Medicare 5-star display metric is expected to be replaced starting measurement year 2021 with two metrics measuring polypharmacy of high-risk medications in the elderly: one for anticholinergics polypharmacy (2 or more drugs) and one for CNS-depressants polypharmacy (3 or more drugs). Avoiding polypharmacy of anticholinergics and/or CNS-depressants is important to reduce risk of incident dementia or worsening cognitive dysfunction in older patients.

Beers Criteria 2019 Updates

- Overall, updates were relatively minor but one noteworthy change of adding glimepiride to the list of drugs to avoid in the elderly (**Table 1**).
- Kaiser Permanente Type 2 Diabetes Guideline and Safer Alternative to High Risk Medications in the Elderly Chart have been updated to align with this change.

Table 1: Summary of Key Beers Criteria Updates[7]*

Type of change ***(compared to 2015)***	**2019 Beers Criteria**	**Rationale**
Drugs added to avoid	Glimepiride	Severe prolonged hypoglycemia risk. Glipizide is now preferred in older adults.
	Pyrilamine Methscopolamine	Strong anticholinergic properties
Drugs added to avoid in specific conditions	SNRIs if have history of falls/fractures	Associated with increased risk of falls/fractures
	Antipsychotics (except quetiapine, clozapine, pimavanserin) if have Parkinson disease	Antipsychotics (except quetiapine, clozapine) was on the prior 2016 Beers Criteria list. New change is that pimavanserin was added as okay to use in this population.
	Ciprofloxacin and TMP-SMX if have decreased kidney function	Avoid or decrease dose due to increased risks of CNS effects (for ciprofloxacin) or worsening of renal function and hyperkalemia in combination with ACEI/ARBs (for TMP-SMX).
Drugs removed	H2-receptor antagonists	Evidence suggests adverse cognitive effects is weak. AGS still recommends avoiding in patients with delirium though.

SNRI=serotonin-norepinephrine reuptake inhibitors; TMP-SMX=trimethoprim-sulfamethoxazole; ACEI/ARB= angiotensin receptor enzyme inhibitors/ angiotensin receptor blockers

*Updates in Table are not comprehensive. AGS also made some modifications or clarifications to drugs already on the Beers Criteria and removed those that are no longer available in the U.S. Review article for full details.

Glimepiride Risk in Older Adults[8-10]

- Glyburide and glimepiride are pancreas nonspecific, long-acting sulfonylureas. Glipizide, tolbutamide, and gliclazide (latter two not available in U.S.) are pancreas-specific and short-acting sulfonylureas.
- Glyburide or glimepiride users were found to have significantly increased risk of hospitalization for hypoglycemia compared to those on short-acting sulfonylureas (HR 2.83; CI 1.64-4.88).[8] This retrospective study cohort were on sulfonylurea monotherapy for diabetes with similar A1c between groups and mean (SD) follow up of 1.2 (1.6) years.

- Long-acting sulfonylureas added to inadequate metformin monotherapy also showed slightly higher risk of hypoglycemia (any severity) compared to when added short-acting sulfonylurea.

Conclusion

- Beers Criteria 2019 update added glimepiride to the list of drugs to avoid in elderly and suggests glipizide as the safer alternative among sulfonylureas.
- Studies show that both glyburide and glimepiride have higher risk of severe hypoglycemia compared to short-acting sulfonylurea glipizide.
- Providers are recommended to avoid new starts to high risk medications and prescribe safer alternatives for older patients.

FDA Medication Alert

Drug	Safety Alert	Link
Losartan	**Recalls from Teva Pharmaceuticals USA,Inc. Due to Impurity** Expanded voluntary recall of 6 lots of irbesartan 75 mg, 150 mg and 300 mg dosage forms due to detection of N-Nitroso-N-methyl-4-aminobutyric acid (NMBA) in the active pharmaceutical ingredient. Kaiser Permanente Washington patients were not affected by the recall. Patients should continue to take their medication unless notified by pharmacy.	Link
Irbesartan	**Recalls from ScieGen Pharmaceuticals,Inc. Due to Impurity** Voluntary recall of 37 lots of irbesartan 75 mg, 150 mg and 300 mg dosage forms due to detection of N-nitrosodiethylamine (NDEA) in the active pharmaceutical ingredient. Pharmacy has contacted patients affected by the recall.	Link
Entacapone (Comtan®, Stalevo®)	**No Increased Risk of Prostate Cancer with Entacapone** FDA review of additional data from the Stalevo manufacturer, Novartis, and independent study from the Department of Veterans Affairs health care system found no increased risk of prostate cancer with the use of entacapone to treat Parkinson's disease. As a result, prescribing information will remain the same.	Link
Tofacitinib (Xeljanz®, Xeljanz XR®)	**Boxed Warning on Higher Dose of Tofacitinib (Xeljanz®, Xeljanz XR®)** FDA approves Boxed Warnings about increased risk of blood clots and death with higher doses of arthritis and ulcerative colitis medicine tofacitinib based on interim data from an ongoing safety clinical trial comparing lower and higher doses. Providers should avoid tofacitinib in patients with higher risk of thrombosis and counsel patients to identify potential symptoms of thrombosis.	Link
Fluorouracil Injection	**Class I Drug Recall: Fluorouracil Injection, 5g/ 100mL by Fresenius Kabi** On July 2, 2019, Fresenius Kabi initiated a voluntary recall of fluorouracil injection due to the potential presence of glass particles. Impacted patients were notified by	Link

	letter. Staff should contact KP's Risk Management Department if a member is concerned that they may have been affected.	
Ibrance®, Kisqali®, and Verzenio®	**Drug Safety Communication: Due to Rare but Severe Lung Inflammation** FDA is warning that Ibrance (palbociclib), Kisqali (ribociclib), and Verzenio (abemaciclib) used to treat patients with advanced breast cancers may cause rare but severe inflammation of the lungs. FDA has approved new warnings about this risk to the prescribing information.	Link
Losartan	**Recalls from Torrent Pharmaceuticals Limited. Due to Impurity** Expanded voluntary recall of 3 lots of losartan potassium 50 mg and 100 mg. In addition, 2 lots of losartan potassium/hydrochlorothiazide 50 mg/12.5 mg and 100 mg/25 mg dosage forms due to detection of N-Nitroso-N-methyl-4-aminobutyric acid (NMBA) in the active pharmaceutical ingredient. Pharmacy has contacted patients affected by the recall.	Link
Ranitidine	**Recalls from Dr. Reddy's Laboratories Ltd, Major Pharmaceuticals, Novitium Pharma, and Lannett Company, Inc. Due to Impurity** Manufacturers initiated voluntary recalls of all lots of ranitidine hydrochloride medications. Drugs were recalled due to detection of N-nitrosodiethylamine (NDMA) in the active pharmaceutical ingredient. Kaiser Permanente patients that potentially were affected by these recalls were notified.	Link Link Link Link
THC Vaping Products	**Lung Injury Update: FDA Warns Using THC-Containing Vaping Products** FDA is warning to consumers to stop using vaping products containing THC. More than 1,000 reports of lung injuries, including deaths, have been seen following the use of vaping products.	Link
Gabapentin and Pregabalin	**Serious Breathing Problems with seizure and nerve pain medicines** The FDA is warning that serious breathing difficulties may occur in patients using gabapentin (Neurontin®, Gralise®, Horizant®) or pregabalin (Lyrica®, Lyrica CR®) who have respiratory risk factors. Risk factors include: use CNS depressants, patients with lung problems, or in the elderly population. New warnings about the risk of respiratory depression will be added to the prescribing information of gabapentinoids.	Link

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