



2017

URAC PHARMACY BENEFIT MANAGEMENT PERFORMANCE MEASUREMENT:

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2017

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Executive Summary

Presented in this report are the 2016 measurement year (2017 reporting year) results based on URAC's Pharmacy Benefit Management (PBM) Accreditation program performance measures. The report includes only aggregate summary rates; there are no individual performance results included.

Organizations were required to report data for six mandatory measures, and they had the option to report data for six exploratory measures. Below is the list of mandatory [M] and exploratory [E] measures for 2017 reporting:

1. Proportion of Days Covered (DM2012-12) [M]
2. Adherence to Non-Warfarin Oral Anticoagulants (DTM2015-01) [M]
3. Generic Dispensing Rates (MP2012-09) [M]
4. Drug-Drug Interactions (DM2012-13) [M]
5. Use of High-Risk Medications in the Elderly (HRM) (HIM2013-21) [M]
6. Call Center Performance (DTM2010-04) [M]
7. Turnaround Time for Prescriptions (MP2012-08) [E]
8. Antipsychotic Use in Children Under 5 Years Old (PH2015-02) [E]
9. Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03) [E]
10. Diabetes Medication Dosing (PH2015-04) [E]
11. Statin Use in Persons with Diabetes (PH2015-06) [E]
12. Consumer Experience with Pharmacy Services (PH2015-05) [E]

For PBM, performance measurement for the 2017 reporting year aligns with Phase 2 of URAC's measurement process. With Phase 2, mandatory performance measures are subject to an external auditing and verification process. Additionally, the audited performance measure results become publicly available via aggregated, de-identified reports. With Phase 3, organization-specific measure results that have undergone an external auditing and verification process will be publicly available on the URAC website.

Data Analysis Procedures and Future Considerations

In 2018, Kiser Healthcare Solutions implemented a relational database management system, Microsoft SQL Server (MSSQL), to capture and normalize all accreditation submission data into a consistent format across programs. This improvement allows for a consistent model to be used year over year and allows for trends to build. In addition, MSSQL aids in consolidating all data objects used for aggregations, guaranteeing consistent logic across programs and ease of updates. Finally, Kiser Healthcare Solutions implemented Microsoft Power BI as the business intelligence tool to develop the data visuals and tables in the report.

Through manual data review and cleaning, data entry errors were corrected by Kiser Healthcare Solutions and noted in the data files and at the end of this report. Respondent organizations will be notified in the individual reports where data entry corrections were made and where the data validation vendors indicated materially inaccurate results.

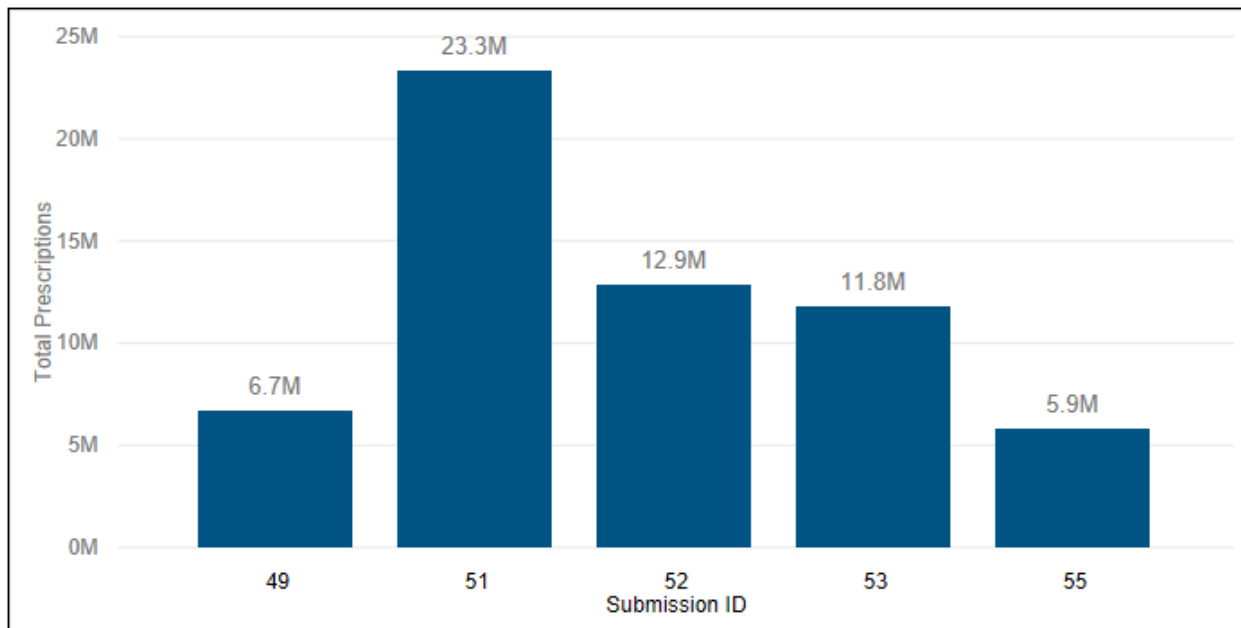
Pharmacy Benefit Management Organization Characteristics

Five URAC-accredited Pharmacy Benefit Management (PBM) organizations reported 2016 measurement year data for the 2017 reporting year. There were initially six organizations' survey submissions, but one was determined to be a duplicate entry. The five organizations reported

commercial data for at least one measure; two organizations also reported Medicaid data; and one organization reported Medicare data in addition to the commercial and Medicaid data.

The PBMs represented national geographical coverage across all four URAC-specified regions (Midwest, Northeast, South, and West). The total number of prescriptions covered by the PBMs ranged from 5,853,937 to 23,325,461, with a median of 11,824,390, a mean of 12,117,045, and grand total of 60,585,227 prescriptions across all organizations reporting (Exhibit 1).

Exhibit 1: Total Number of Prescription for Pharmacy Benefit Management Program by Organization



Data Validation Overview

For 2017 reporting, URAC required that organizations have their measure results reviewed by a URAC-approved data validation vendor (DVV). There were four vendors that participated: Advent Advisory Group, Attest Health Care Advisors, Healthcare Data Company, and Metastar. This represents an increase in vendors compared to 2016 where only Attest Health Care participated for URAC's first year requirement of data validation.

Results: Pharmacy Benefit Management Measures

All five PBM organizations reported data for at least one of the performance measures. The organizations reported primarily commercial results. Only one organization reported separate results for all three service lines and one reported commercial and Medicaid results. The analysis results are included for each measure, but due to the limited number of data submissions for Medicaid and Medicare, aggregate data summaries are limited, and benchmarks are not provided (e.g., percentiles and identification of outliers).

Measure 1 – Proportion of Days Covered (DM2012-12)

Measure Description

This *mandatory* measure assesses the percentage of participants 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A performance rate is calculated separately for the following medication categories: Beta-blockers(BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Statins; Biguanides; Sulfonylureas; Thiazolidinediones; Dipeptidyl Peptidase (DPP)-IV Inhibitors; Diabetes All Class; Antiretrovirals (this measure has a threshold of 90% for at least two measures). The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2018.

Exhibit 2: Proportion of Days Covered (80% Threshold) – Commercial

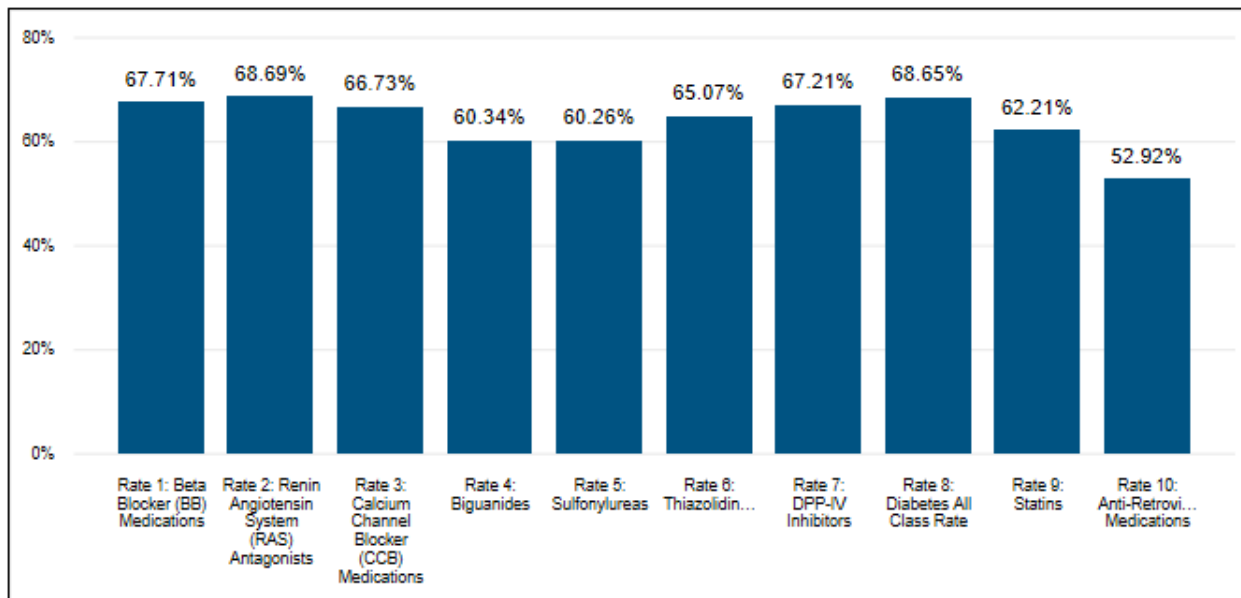


Exhibit 3: Proportion of Days Covered (80% Threshold) – Medicaid

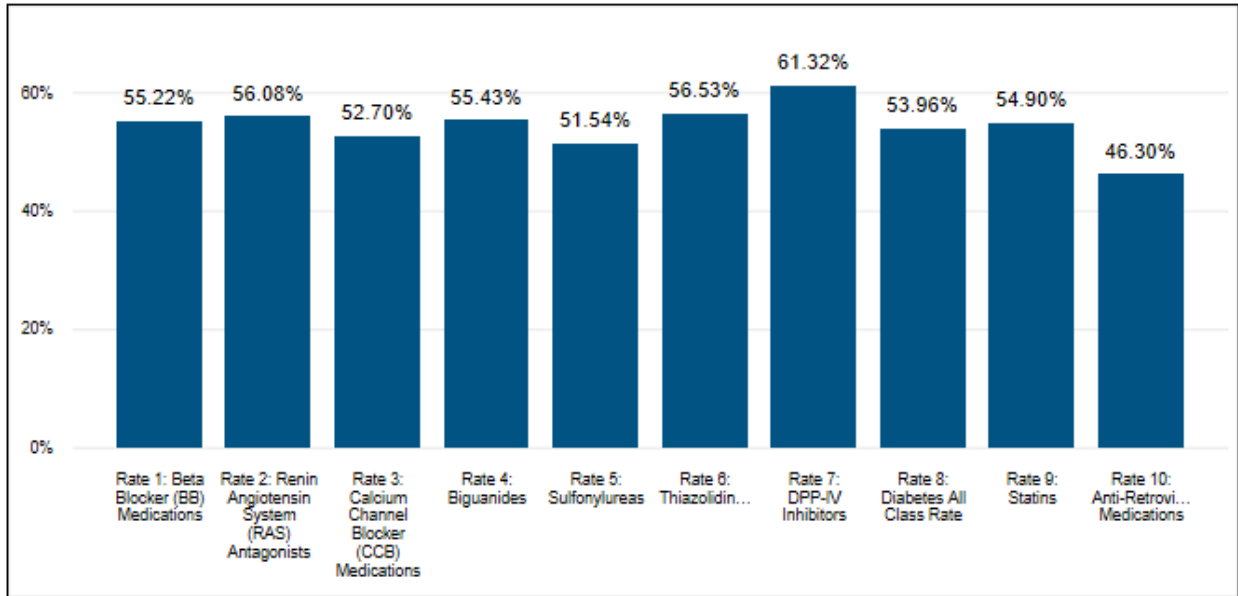
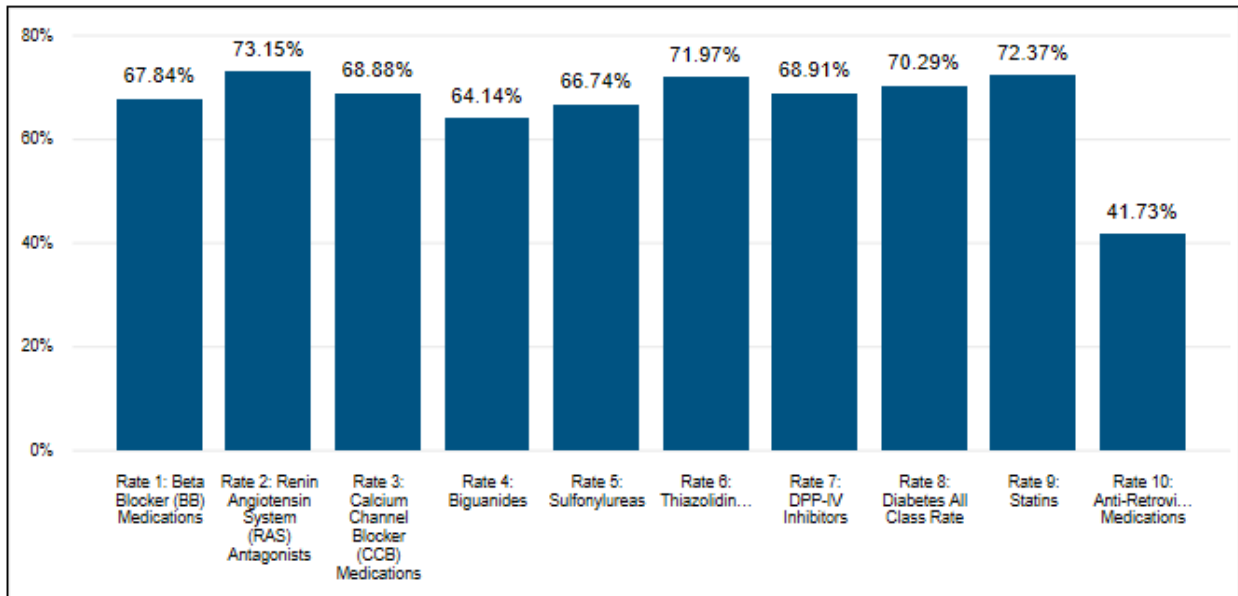


Exhibit 4: Proportion of Days Covered (80% Threshold) – Medicare



Summary of Findings

Given only five organizations submitted data for commercial, with two of those also reporting for Medicaid, and one that also reported for Medicare, the measure summaries are limited to basic aggregate statistics. The minimum, maximum, median, and mean were used for benchmarking individual performance with commercial, given the small sample size for commercial. Medicaid and Medicare benchmarks are calculated, but do not provide useful comparative benchmarks. In some cases, commercial analytics were restricted to a limited set of comparisons given the small number of data submissions.

Rate 1: Beta Blocker (BB) Medications

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one submitted for Medicare. The aggregate summary rate for commercial is 67.71% with the mean of 65.10% and median of 67.59% across the range of 50.12% to 71.74%. The aggregate summary rate for Medicaid is 55.22% and the single reported Medicare rate is 67.84%.

Exhibit 5: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications

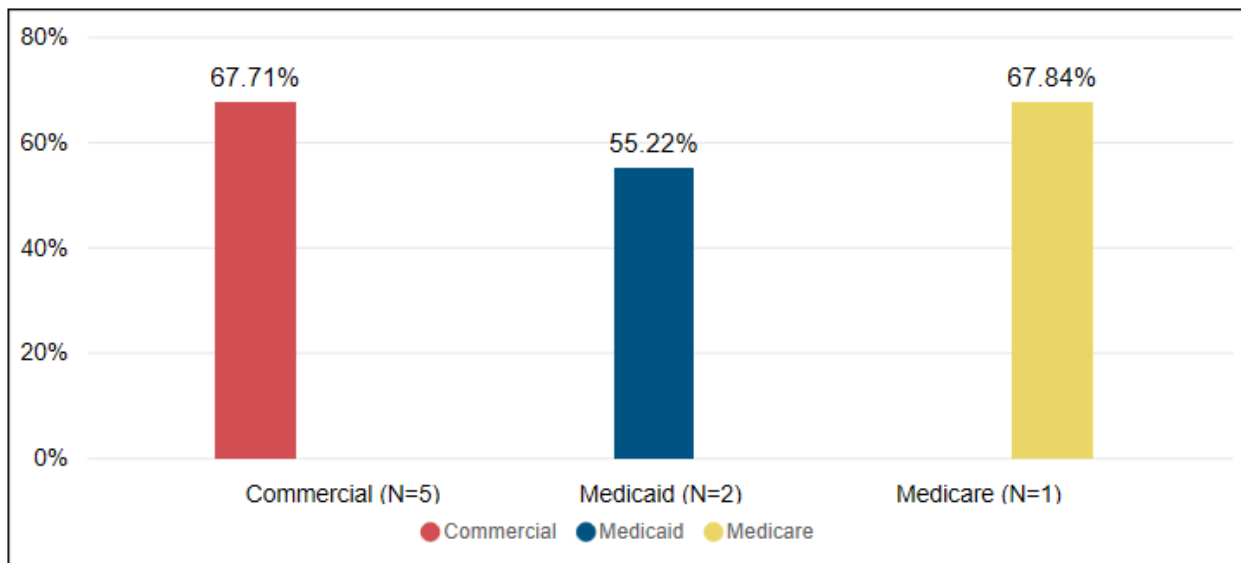


Exhibit 6: Proportion of Days Covered (80% Threshold) – Rate 1: Beta Blocker Medications (Summary Data)

Measure:	Rate 1: Beta Blocker (BB) Medications							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	135,916	200,718	67.71%	65.10%	67.59%	50.12%	71.74%	5
Medicaid	15,346	27,793	55.22%	55.63%	55.63%	54.84%	56.42%	2
Medicare	2,261	3,333	67.84%	67.84%	67.84%	67.84%	67.84%	1

Rate 2: Renin Angiotensin System (RAS) Antagonists

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 68.69% with the mean of 65.92% and median of 68.96% across the range of 52.79% to 72.97%. The single reported Medicaid rate is 56.08% and the single reported Medicare rate is 73.15%.

Exhibit 7: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists

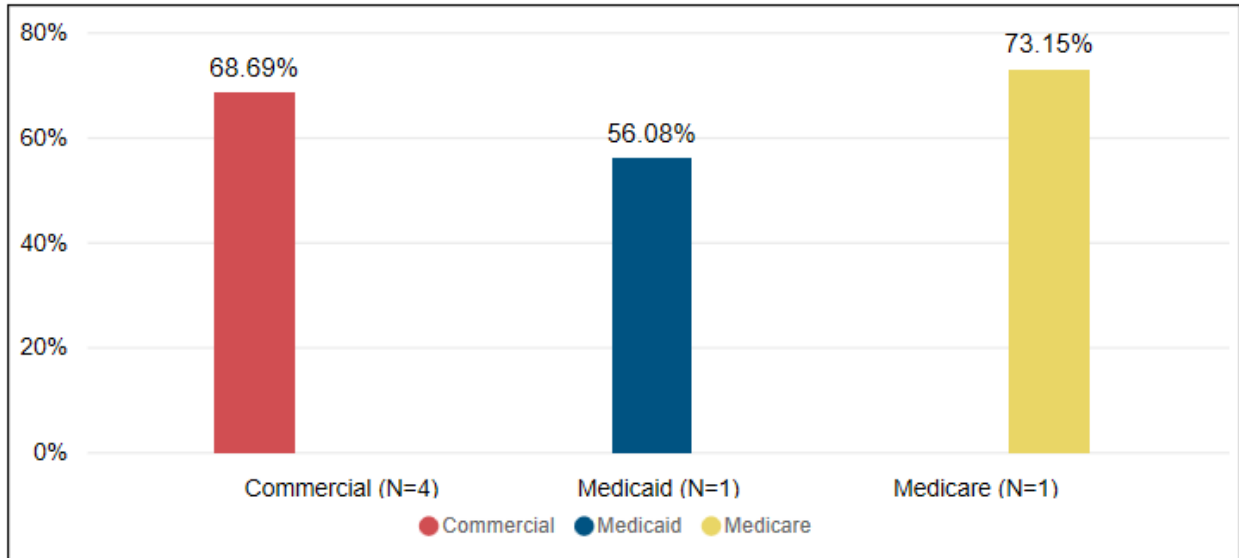


Exhibit 8: Proportion of Days Covered (80% Threshold) – Rate 2: Renin Angiotensin System Antagonists (Summary Data)

Measure:	Rate 2: Renin Angiotensin System (RAS) Antagonists							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	226,869	330,280	68.69%	65.92%	68.96%	52.79%	72.97%	4
Medicaid	18,857	33,626	56.08%	56.08%	56.08%	56.08%	56.08%	1
Medicare	3,468	4,741	73.15%	73.15%	73.15%	73.15%	73.15%	1

Rate 3: Calcium Channel Blocker (CCB) Medications

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 66.73% with the mean of 64.61% and median of 69.32% across the range of 51.04% to 72.51%. The aggregate summary rate for Medicaid is 52.70% and the single reported Medicare rate is 68.88%.

Exhibit 9: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications

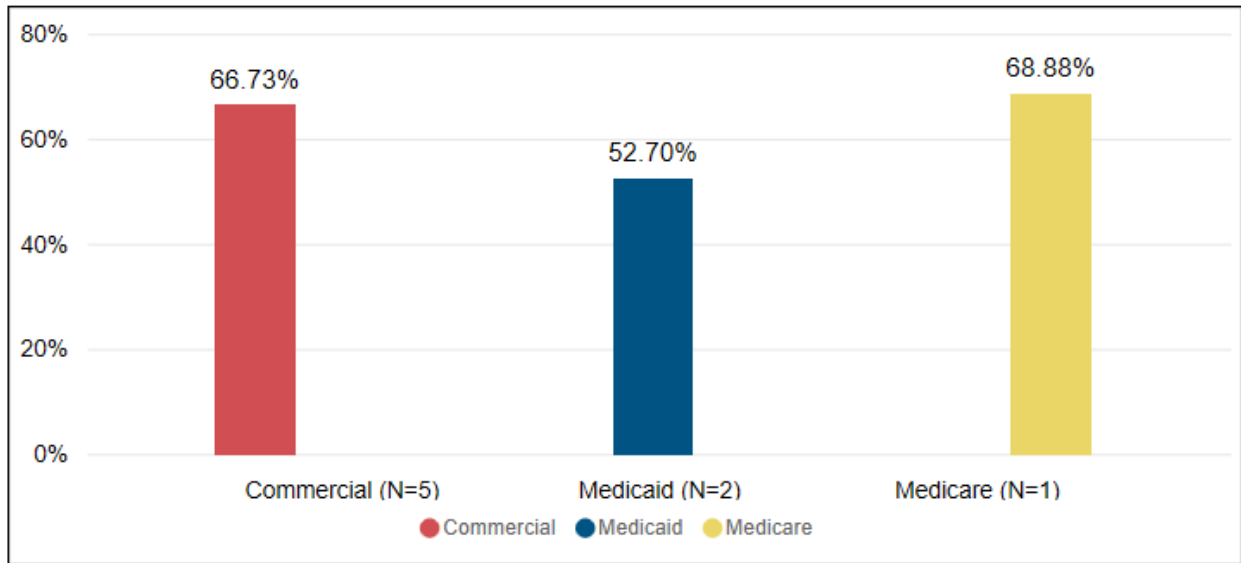


Exhibit 10: Proportion of Days Covered (80% Threshold) – Rate 3: Calcium Channel Blocker Medications (Summary Data)

Measure:	Rate 3: Calcium Channel Blocker (CCB) Medications							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	110,080	164,958	66.73%	64.61%	69.32%	51.04%	72.51%	5
Medicaid	10,868	20,621	52.70%	53.32%	53.32%	52.23%	54.42%	2
Medicare	1,824	2,648	68.88%	68.88%	68.88%	68.88%	68.88%	1

Rate 4: Biguanides

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 60.34% with the mean of 56.19% and median of 59.80% across the range of 42.24% to 62.91%. The single reported Medicaid rate is 55.43% and the single reported Medicare rate is 64.14%.

Exhibit 11: Proportion of Days Covered (80% Threshold) – Rate 4: Biguanides

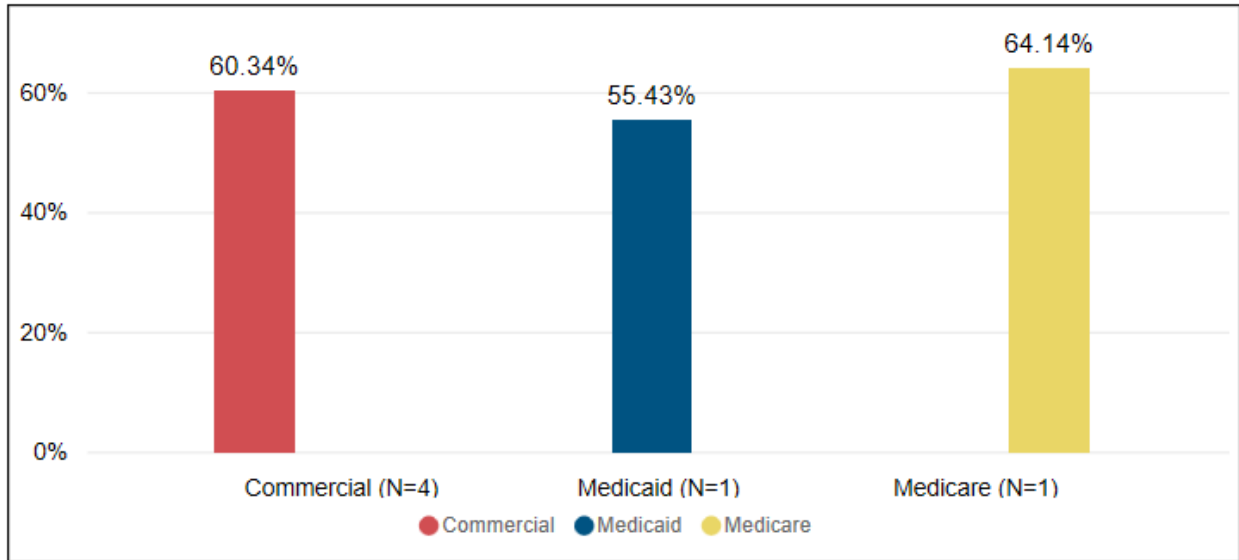


Exhibit 12: Proportion of Days Covered (80% Threshold) – Rate 4: Biguanides

Measure:	Rate 4: Biguanides							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	71,163	117,938	60.34%	56.19%	59.80%	42.24%	62.91%	4
Medicaid	1,695	3,058	55.43%	55.43%	55.43%	55.43%	55.43%	1
Medicare	1,322	2,061	64.14%	64.14%	64.14%	64.14%	64.14%	1

Rate 5: Sulfonylureas

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 60.26% with the mean of 58.23% and median of 60.94% across the range of 46.42% to 64.65%. The single reported Medicaid rate is 51.54% and the single reported Medicare rate is 66.74%.

Exhibit 13: Proportion of Days Covered (80% Threshold) – Rate 5: Sulfonylureas

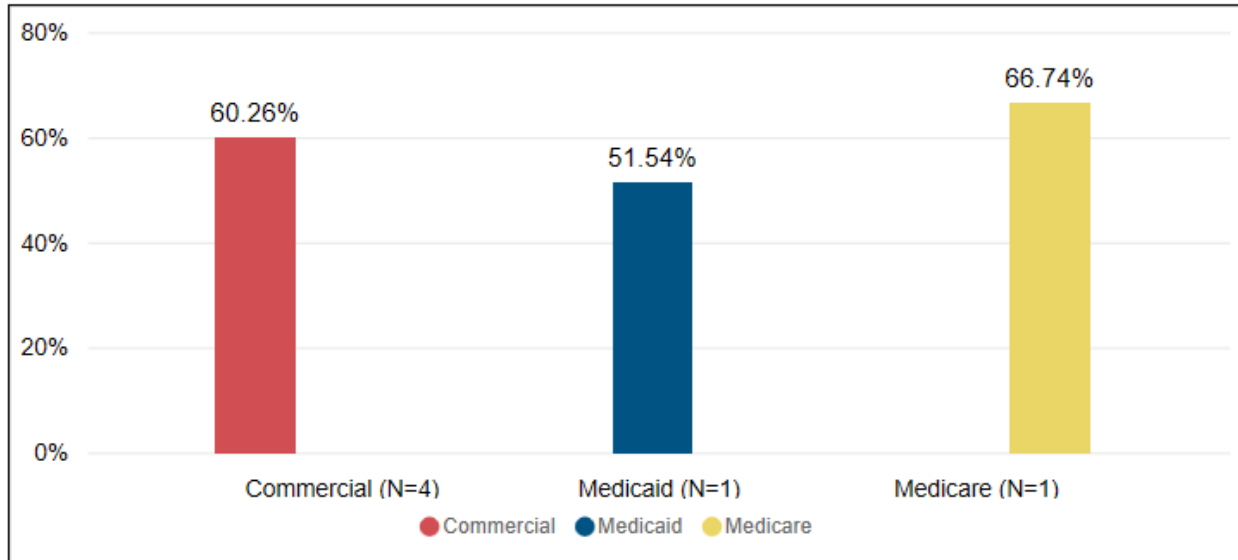


Exhibit 14: Proportion of Days Covered (80% Threshold) – Rate 5: Sulfonylureas (Summary Data)

Measure:	Rate 5: Sulfonylureas							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	23,981	39,795	60.26%	58.23%	60.94%	46.42%	64.65%	4
Medicaid	2,919	5,664	51.54%	51.54%	51.54%	51.54%	51.54%	1
Medicare	572	857	66.74%	66.74%	66.74%	66.74%	66.74%	1

Rate 6: Thiazolidinediones

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 65.07% with the mean of 62.65% and median of 64.07% across the range of 55.36% to 67.11%. The single reported Medicaid rate is 56.53% and the single reported Medicare rate is 71.97%.

Exhibit 15: Proportion of Days Covered (80% Threshold) – Rate 6: Thiazolidinediones

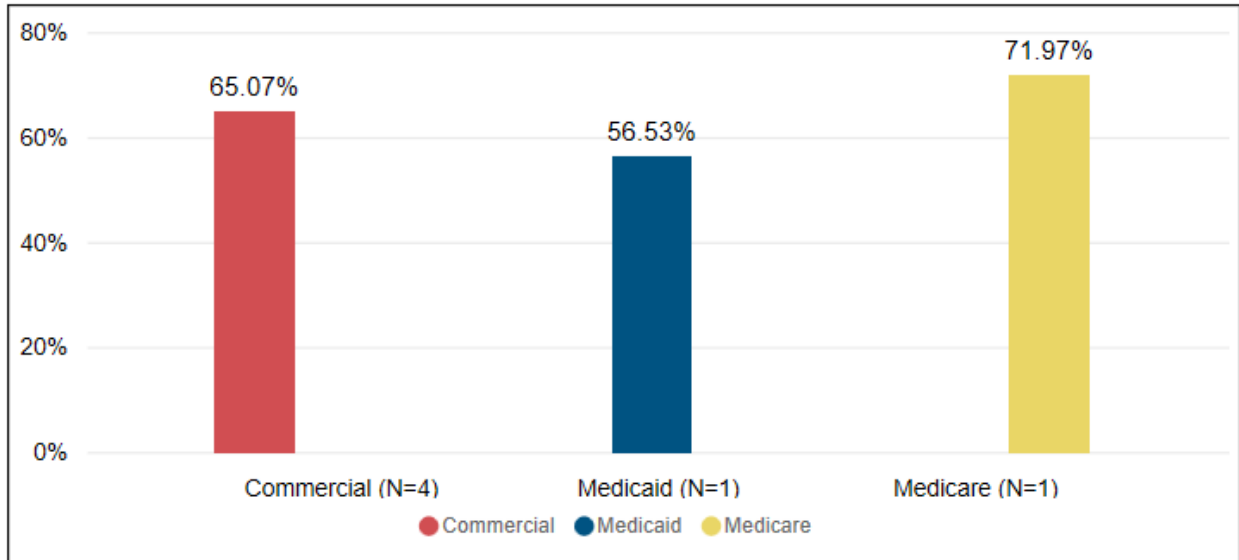


Exhibit 16: Proportion of Days Covered (80% Threshold) – Rate 6: Thiazolidinediones (Summary Data)

Measure:	Rate 6: Thiazolidinediones							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	3,081	4,735	65.07%	62.65%	64.07%	55.36%	67.11%	4
Medicaid	476	842	56.53%	56.53%	56.53%	56.53%	56.53%	1
Medicare	95	132	71.97%	71.97%	71.97%	71.97%	71.97%	1

Rate 7: Dipeptidyl Peptidase-4 (DPP-IV) Inhibitors

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 67.21% with the mean of 62.02% and median of 67.59% across the range of 44.01% to 68.89%. The single reported Medicaid rate is 61.32% and the single reported Medicare rate is 68.91%.

Exhibit 17: Proportion of Days Covered (80% Threshold) – Rate 7: DPP-IV Inhibitors

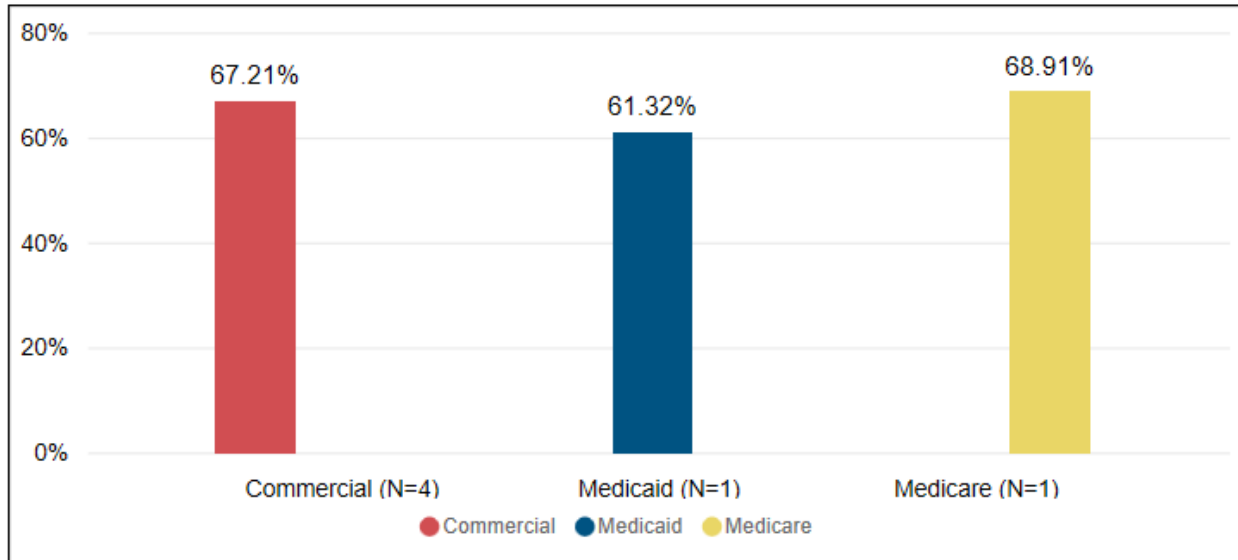


Exhibit 18: Proportion of Days Covered (80% Threshold) – Rate 7: DPP-IV Inhibitors (Summary Data)

Measure:	Rate 7: DPP-IV Inhibitors							
	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	9,097	13,535	67.21%	62.02%	67.59%	44.01%	68.89%	4
Medicaid	1,238	2,019	61.32%	61.32%	61.32%	61.32%	61.32%	1
Medicare	277	402	68.91%	68.91%	68.91%	68.91%	68.91%	1

Rate 8: Diabetes All Class Rate

Four organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 68.65% with the mean of 63.38% and median of 68.19% across the range of 47.12% to 70.01%. The single reported Medicaid rate is 53.96% and the single reported Medicare rate is 70.29%.

Exhibit 19: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate

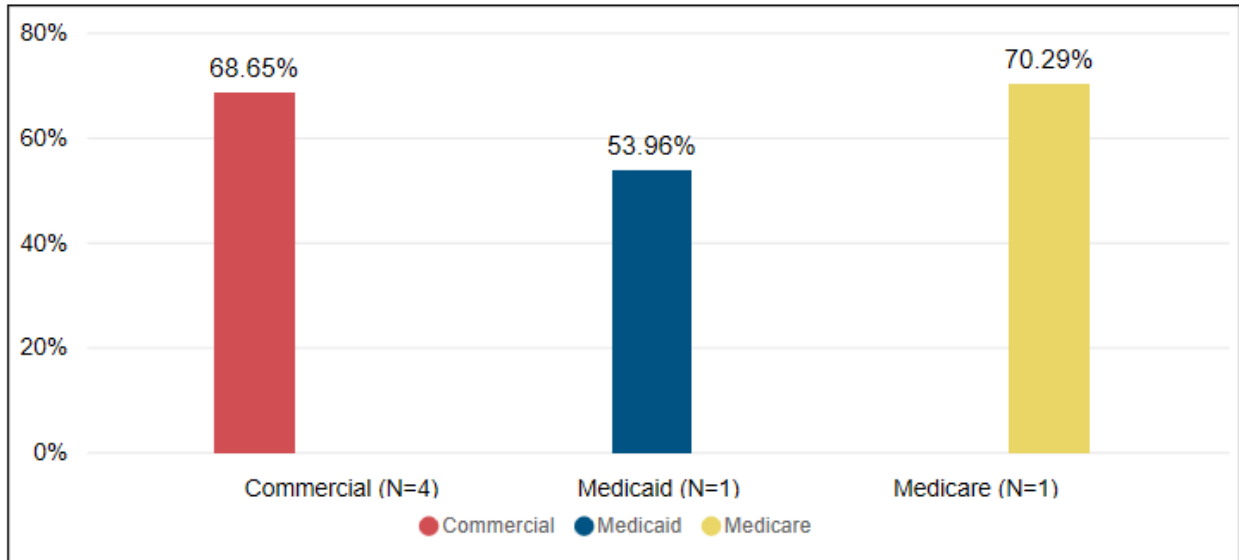


Exhibit 20: Proportion of Days Covered (80% Threshold) – Rate 8: Diabetes All Class Rate (Summary Data)

Measure:	Rate 8: Diabetes All Class Rate							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	89,619	130,552	68.65%	63.38%	68.19%	47.12%	70.01%	4
Medicaid	9,520	17,644	53.96%	53.96%	53.96%	53.96%	53.96%	1
Medicare	1,753	2,494	70.29%	70.29%	70.29%	70.29%	70.29%	1

Rate 9: Statins

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 62.21% with the mean of 58.77% and median of 61.50% across the range of 42.50% to 64.51%. The aggregate summary rate for Medicaid is 54.90% and the single reported Medicare rate is 72.37%.

Exhibit 21: Proportion of Days Covered (80% Threshold) – Rate 9: Statins

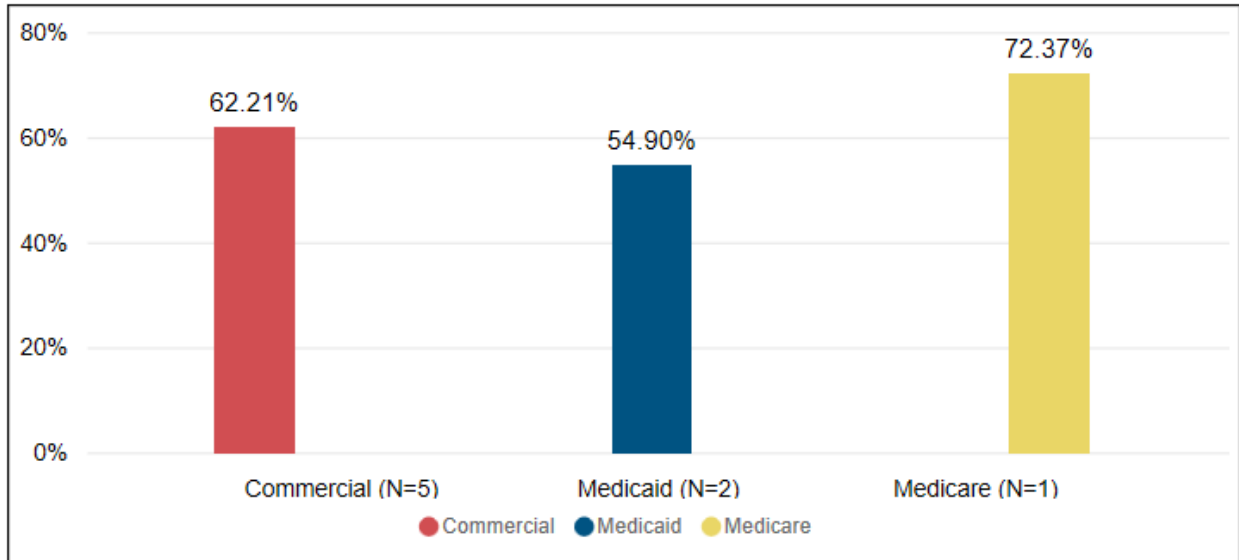


Exhibit 22: Proportion of Days Covered (80% Threshold) – Rate 9: Statins (Summary Data)

Measure:	Rate 9: Statins							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	184,920	297,264	62.21%	58.77%	61.50%	42.50%	64.51%	5
Medicaid	19,787	36,045	54.90%	55.31%	55.31%	54.63%	55.99%	2
Medicare	3,407	4,708	72.37%	72.37%	72.37%	72.37%	72.37%	1

Rate 10: Anti-Retroviral Medications

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. One of commercial submissions had a small denominator of less than 30. The aggregate summary rate for the four valid commercial submissions is 52.92% with the mean of 43.50% and median of 48.74% across the range of 18.50% to 58.01%. The aggregate summary rate for Medicaid is 46.30% and the single reported Medicare rate is 41.73%.

Exhibit 23: Proportion of Days Covered (80% Threshold) – Rate 10: Anti-Retroviral Medications

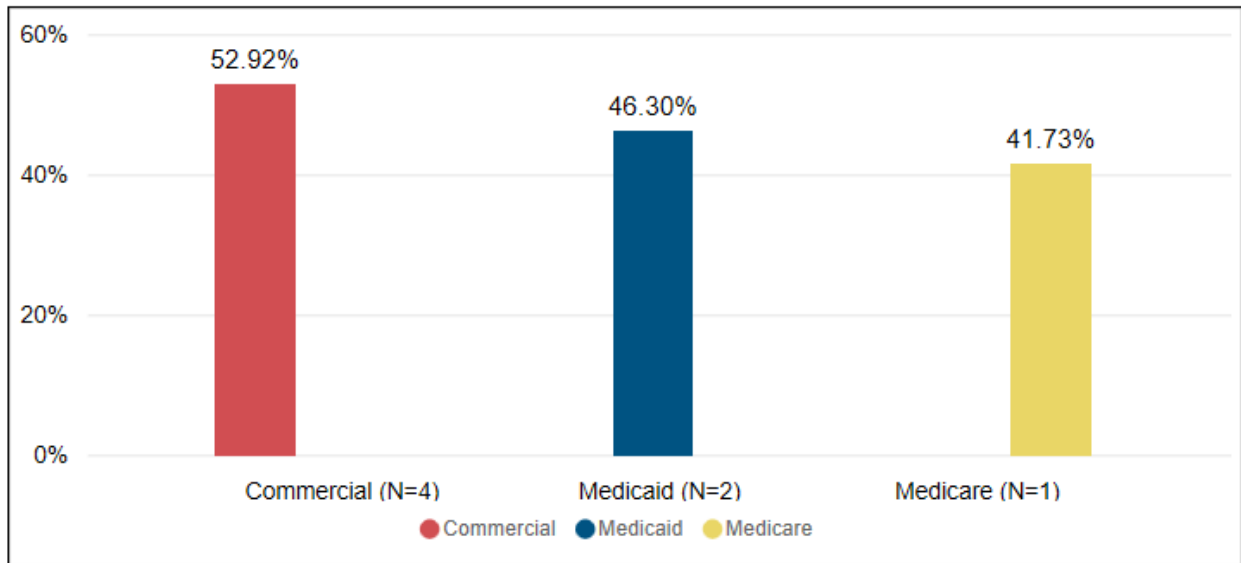


Exhibit 24: Proportion of Days Covered (80% Threshold) – Rate 10: Anti-Retroviral Medications (Summary Data)

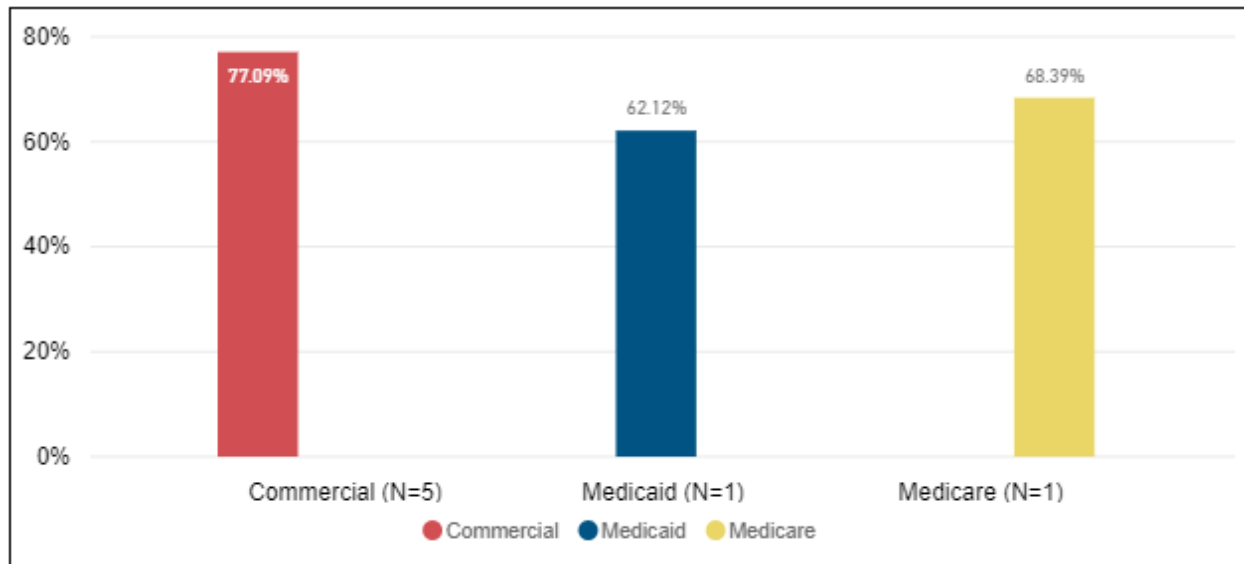
Measure:	Rate 10: Anti-Retroviral Medications								
	Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	Commercial	2,405	4,545	52.92%	43.50%	48.74%	18.50%	58.01%	4
Medicaid	Medicaid	244	527	46.30%	47.19%	47.19%	42.72%	51.66%	2
Medicare	Medicare	53	127	41.73%	41.73%	41.73%	41.73%	41.73%	1

Measure 2 – Adherence to Non-Warfarin Oral Anticoagulants (DTM2015-01)

Measure Description

This *mandatory* measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for non-warfarin oral anticoagulants. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Exhibit 25: Adherence to Non-Warfarin Oral Anticoagulants



Summary of Findings

All five organizations submitted data for commercial, one organization submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 77.09% with the mean of 78.45% and median of 78.46% across the range of 75.62% to 81.51%. The single reported Medicaid rate is 62.12% and the single reported Medicare rate is 68.39%.

Exhibit 26: Adherence to Non-Warfarin Oral Anticoagulants (Summary Data)

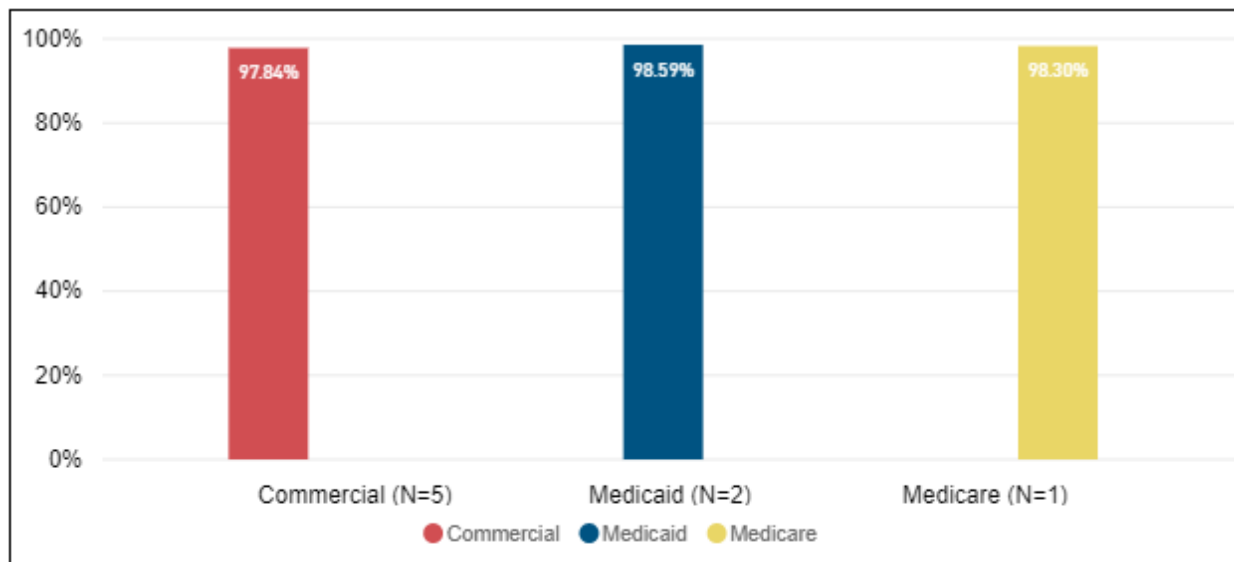
Measure:	Adherence to Non-Warfarin Oral Anticoagulants							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	4,419	5,732	77.09%	78.45%	78.46%	75.62%	81.51%	5
Medicaid	123	198	62.12%	62.12%	62.12%	62.12%	62.12%	1
Medicare	106	155	68.39%	68.39%	68.39%	68.39%	68.39%	1

Measure 3 – Generic Dispensing Rates (MP2012-09)

Measure Description

This *mandatory* measure assesses the percentage of all prescriptions that were dispensed as generics, branded generics, or brands for which members paid the generic co-pay.

Exhibit 27: Generic Dispensing Rates



Summary of Findings

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 97.84% with the mean of 97.27% and median of 97.80% across the range of 94.53% to 98.34%. The aggregate summary rate for Medicaid is 98.59% and the single reported Medicare rate is 98.30%.

Exhibit 28: Generic Dispensing Rates (Summary Data)

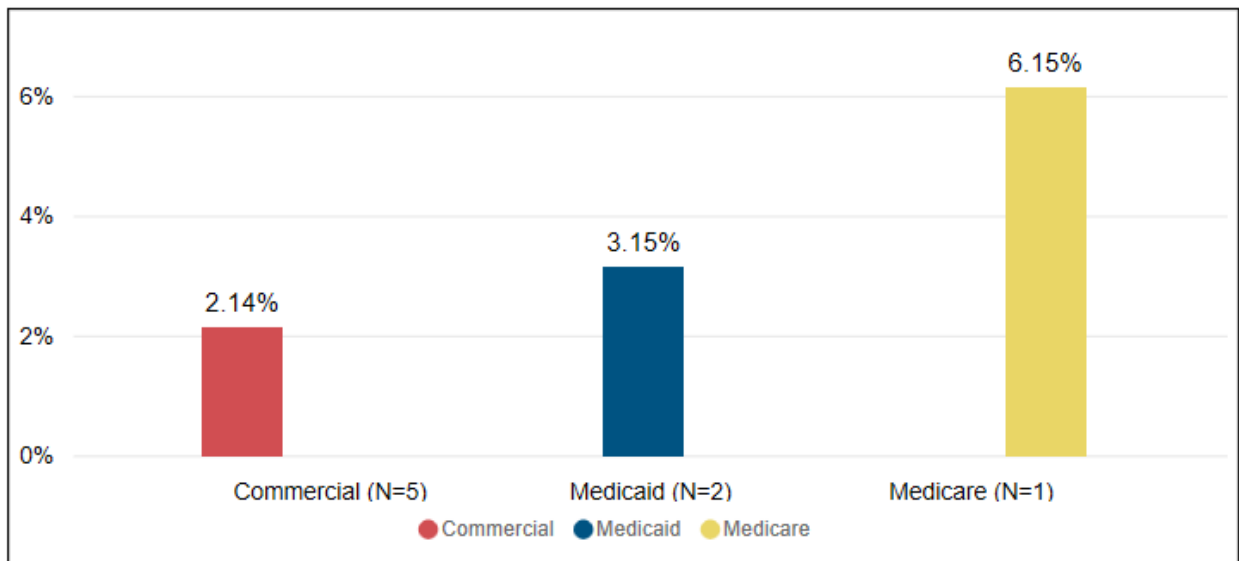
Measure:	Generic Dispensing Rates							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	34,003,082	34,755,425	97.84%	97.27%	97.80%	94.53%	98.34%	5
Medicaid	7,207,786	7,310,717	98.59%	98.19%	98.19%	97.06%	99.32%	2
Medicare	424,655	431,988	98.30%	98.30%	98.30%	98.30%	98.30%	1

Measure 4 – Drug-Drug Interactions (DM2012-13)

Measure Description

This *mandatory* measure assesses the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017. **A lower rate represents better performance.**

Exhibit 29: Drug-Drug Interactions



Note: Lower rate represents better performance

Summary of Findings

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 2.14% with the mean of 2.23% and median of 2.13% across the range of 1.53% to 3.23%. The aggregate summary rate for Medicaid is 3.15% and the single reported Medicare rate is 6.15%.

Exhibit 30: Drug-Drug Interactions (Summary Data)

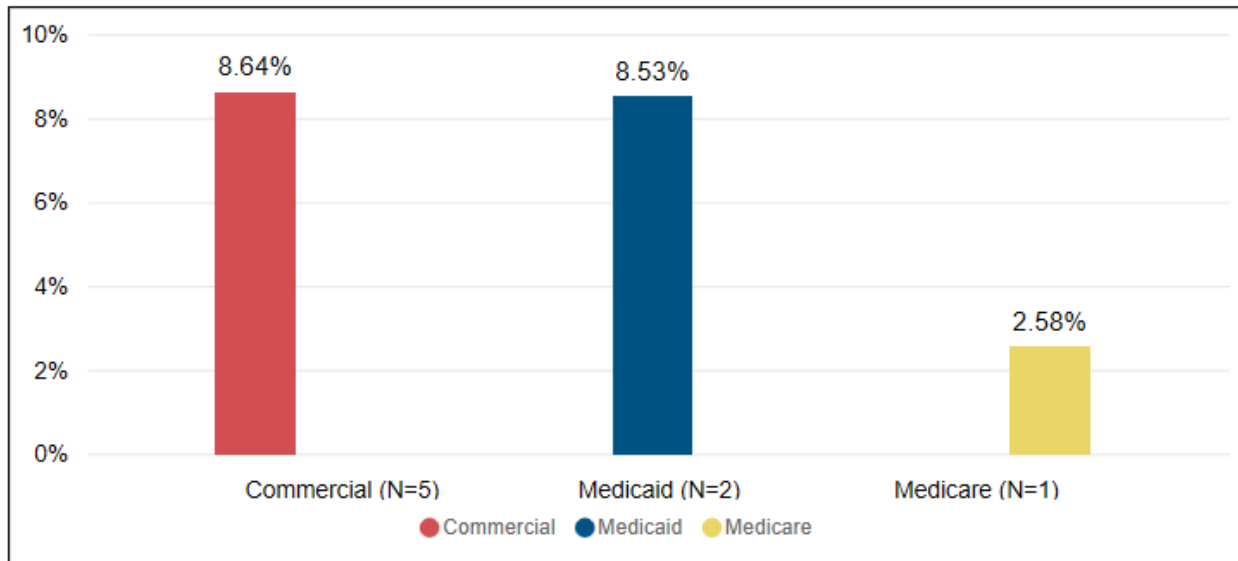
Measure:	Drug-Drug Interactions							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	7,672	357,943	2.14%	2.23%	2.13%	3.23%	1.53%	5
Medicaid	1,559	49,498	3.15%	3.69%	3.69%	4.71%	2.68%	2
Medicare	190	3,087	6.15%	6.15%	6.15%	6.15%	6.15%	1

Measure 5 – Use of High-Risk Medications in the Elderly (HRM) (HIM2013-21)

Measure Description

This *mandatory* measure assesses the percentage of patients 65 years of age and older who received two or more prescription fills for a high-risk medication during the measurement period. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017. **A lower rate represents better performance.**

Exhibit 31: Use of High-Risk Medications in the Elderly



Note: Lower rate represents better performance

Summary of Findings

All five organizations submitted data for commercial, two organizations submitted for Medicaid, and one organization submitted for Medicare. The aggregate summary rate for commercial is 8.64% with the mean of 8.17% and median of 7.80% across the range of 0.57% to 19.76%. The aggregate summary rate for Medicaid is 8.53% and the single reported Medicare rate is 2.58%.

Exhibit 32: Use of High-Risk Medications in the Elderly (Summary Data)

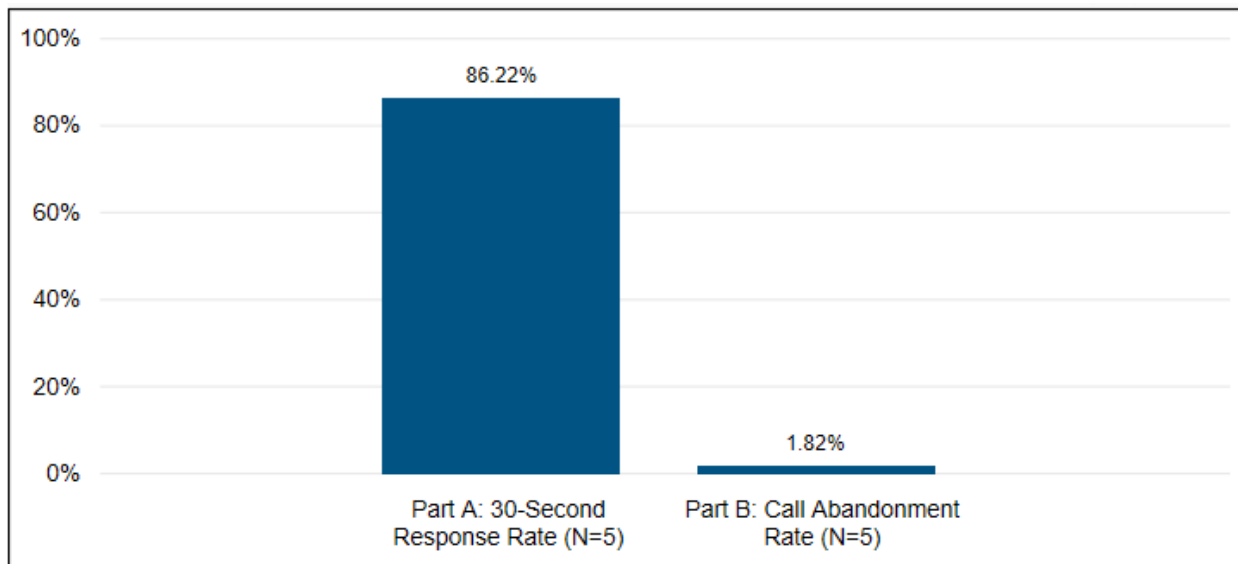
Measure:	Use of High-Risk Medications in the Elderly (HRM)							
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Commercial	12,587	145,599	8.64%	8.17%	7.80%	19.76%	0.57%	5
Medicaid	487	5,707	8.53%	10.27%	10.27%	20.19%	0.36%	2
Medicare	143	5,542	2.58%	2.58%	2.58%	2.58%	2.58%	1

Measure 6 – Call Center Performance (DTM2010-04)

Measure Description

This *mandatory* measure has two parts: Part A evaluates the percentage of calls during normal business hours to the organization’s call service center(s) during the measurement period that were answered by a live voice within 30 seconds; Part B evaluates the percentage of calls made during normal business hours to the organization’s call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative. **For Part B, a lower rate represents better performance.**

Exhibit 33: Call Center Performance



Note: Lower rate represents better performance for Part B: Call Abandonment.

Summary of Findings

All five organizations submitted data combined for all books of business. The aggregate summary rate for Part A: 30-Second Response Rate is 86.22% with the mean of 80.51% and median of 86.87% across the range of 46.23% to 94.36%. The aggregate summary rate for Part B: Call Abandonment Rate is 1.82% with the mean of 4.12% and median of 1.62% across the range of 1.17% to 14.29%.

Exhibit 34: Call Center Performance (Summary Data)

Measure	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Median	Min	Max	Submissions
Part A: 30-Second Response Rate	3,268,445	3,790,760	86.22%	80.51%	86.87%	46.23%	94.36%	5
Part B: Call Abandonment Rate	68,950	3,790,760	1.82%	4.12%	1.62%	14.29%	1.17%	5

Measure 7 – Turnaround Time for Prescriptions (MP2012-08)

Measure Description

This *exploratory* 3-part measure assesses the average speed with which the organization fills prescriptions, once the prescription is “clean”. Part A measures prescription turnaround time for clean prescriptions; Part B measures prescription turnaround time for prescriptions that required intervention; and Part C measures prescription turnaround time for all prescriptions.

Summary of Findings

No organizations submitted data for this exploratory measure.

Measure 8 – Antipsychotic Use in Children Under 5 Years Old (PH2015-02)

Measure Description

This *exploratory* measure assesses percentage of children under age 5 using antipsychotic medications during the measurement period. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings

Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 9 – Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (PH2015-03)

Measure Description

This *exploratory* measure assesses percentage of individuals 65 years of age and older that received two or more prescription fills for any benzodiazepine sedative hypnotic for a cumulative period of more than 90 days. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings

Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 10 – Diabetes Medication Dosing (PH2015-04)

Measure Description

This *exploratory* measure assesses percentage patients who were dispensed a dose higher than the daily recommended dose for the following therapeutic categories of oral hypoglycemics: biguanides, sulfonylureas, thiazolidinediones, and DPP-IV inhibitors. Dosing rates for each category are to be reported separately. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings

Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 11 – Statin Use in Persons with Diabetes (PH2015-06)

Measure Description

This *exploratory* measure assesses the percentage of patients ages 40-75years who were dispensed a medication for diabetes that receive a statin medication. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings

Only one organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

Measure 12 – Consumer Experience with Pharmacy Services (PH2015-05)

Measure Description

This *exploratory* measure assesses the consumer experience. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA Inc. 2017.

Summary of Findings

No organizations submitted data for this exploratory measure.

Concluding Remarks

This performance report has been prepared by the URAC Quality, Research and Measurement Department. If you have any questions about the results contained herein, please contact us at: ResearchMeasurement@urac.org.