

Improving Medication Adherence for Chronic Conditions

The Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System measures medication adherence for certain classes of chronic medications. For 2024, adherence measures focus on renin-angiotensin system antagonists, statins and oral diabetes medications. Members are deemed adherent when the proportion of days in the measurement period covered by prescription claims for medications in the therapeutic category of interest is at least 80%.¹ Consider the following prescribing strategies to help improve your patients' medication adherence²:

Write for 90-day supplies of chronic medications

- Improve medication adherence and increase convenience for patients with fewer trips to the pharmacy.

Request medication refill synchronization

- Minimize the need for patients to order frequent refills and make multiple trips to the pharmacy by asking the pharmacy to refill all chronic medications on the same day.

Remind patients about the option for auto-refills for chronic medications

- Automatic prescription refill programs can improve medication adherence, especially for patients receiving multiple medications. Some pharmacies may require patients to request auto-refills for each medication in person or electronically.

Simplify medication regimens with once-daily dosing

- Choose medications with a long duration of action to minimize missed doses and reduce pill burden. Common medications with long-acting formulations include metformin and glipizide.

Discuss side effects

- Monitor side effects for prescribed medications and address any patient questions or concerns at visits, prescription renewals or after hospital discharge.

Eliminate unnecessary medications

- Consider a trial period without medications generally not recommended for long-term use, such as proton pump inhibitors and muscle relaxants.
- Eliminate duplicate medications or those with low benefit-risk ratios.

Prescribe combination therapy products when possible

- Consolidate medications into single-pill combination therapies to reduce pill burden.

| Example Combination Products* | | |
|--------------------------------------|--------------------------|--|
| amlodipine-benazepril | irbesartan-HCTZ | alogliptin-metformin |
| amlodipine-atorvastatin [‡] | lisinopril-HCTZ | glipizide-metformin |
| amlodipine-olmesartan | losartan-HCTZ | Invokamet or Invokamet XR (canagliflozin/metformin) [‡] |
| amlodipine-valsartan | metoprolol tartrate-HCTZ | |
| amlodipine-valsartan-HCTZ | olmesartan-HCTZ | Janumet or Janumet XR (sitagliptin/metformin) |
| benazepril-HCTZ | quinapril-HCTZ | |
| enalapril-HCTZ | valsartan-HCTZ | Synjardy or Synjardy XR (empagliflozin/metformin) |

*Not a comprehensive list, [‡]Non-formulary for Medi-Cal Rx, HCTZ = hydrochlorothiazide

References

1. Medicare 2024 Part C & D Star Rating Technical Notes. Centers for Medicare & Medicaid Services: Center for Medicare. Updated September 2023.
2. Clinical Resource, Medication Adherence Strategies. Pharmacist's Letter/Prescriber's Letter. August 2022. [380822]