



Academy of  
Managed Care  
Pharmacy®

January 6, 2016

Wood Eisenberg, MD, FACP  
SVP, Performance Measurement and Strategic Alliances  
Pharmacy Quality Alliance  
6213 Old Keene Mill Court  
Springfield, VA 22152

**Re: Call for Comments on Endorsement Consideration by PQA Members of a New Performance Measure: *Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients***

Dear Dr. Eisenberg,

The Academy of Managed Care Pharmacy (AMCP) is pleased to provide general comments and recommendations to the *Call for Comments on Endorsement Consideration by PQA Members of a New Performance Measure: Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients*. AMCP is a professional association of pharmacists and other practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's 8,000 members develop and provide a diversified range of clinical, educational, medication and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.

AMCP opposes the adoption of the adherence measure of long-acting inhaled bronchodilator in COPD patients. The proposed measure is not supported by sufficient evidence to demonstrate the impact of long-acting inhaled bronchodilator on clinical outcomes. The literature references provided with the proposed measure include one post hoc polled study of randomized controlled trials comparing only severely ill individuals with low adherence (less than 80% proportion of days covered (PDC)) to those with high adherence ( $\geq$  PDC). Although the trial (Thorax 2009;64;939-943) showed a significant 15.1 percentage point reduction in mortality, the study only included severely ill individuals, and it was a post hoc analysis. In contrast, the proposed measure would apply to all individuals with a COPD diagnosis, not just those severely ill.

The combination products of long acting bronchodilator/inhaled corticosteroids (LABA/ICS) are included in the measure which may prompt providers to continue the ICS component even when it may not be needed. Treatment guidelines recommend the use of ICS in patients with severe or very severe disease and repeated exacerbations.<sup>1</sup> There can be increased risks associated with long term use of ICS such as pneumonia and osteoporosis and a higher prevalence of oral candidiasis, hoarse voice, and skin bruising.<sup>2</sup>

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Further evidence from the Cochrane Database Systematic Review 2013;Oct 15 of “Long-acting beta2-agonists for COPD,” indicates that treatment with a long-acting beta2-agonist resulted in 18 fewer hospitalization per 1000 people treated over 7 months. These results produce a cost-effectiveness ratio of roughly \$97,222 per hospitalization [\$250 per month x 7 months x 1000 individuals = \$1.75 million to prevent 18 hospitalizations]. The data indicates that society would need to spend \$3 on COPD drug therapy to avoid \$1 in hospital cost avoided. This cost-effectiveness estimate is further eroded if one considers that most COPD patients are at least partially adherent.

The identification of COPD diagnosis as stated in the proposed measure is unclear. Should the measure be adopted, PQA would need to provide acceptable criteria to define a COPD diagnosis such as COPD ICD-9 or ICD-10 codes submitted in the diagnosis field with the claim during the measurement period. Perhaps, Table B COPD diagnosis codes" (page 6) of this measure should be modified to reflect the updated ICD-10-CM codes namely; [COPD; J44], [Emphysema; J34] and [Chronic airway obstruction, unspecified; J44.9].

AMCP thanks PQA for the opportunity to comment on this new adherence measure. If you have any questions regarding these comments, please contact Susan Oh at 703-684-2624 or [soh@amcp.org](mailto:soh@amcp.org).

Sincerely,

A handwritten signature in cursive script that reads "Mary Jo Carden".

Mary Jo Carden, RPh, JD  
Vice President of Pharmacy and Government Affairs

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<sup>1</sup> Qaseem A, Wilt T, et al. Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline Update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society. *Annals of Internal Medicine*. 2011;155(3); 179-92.

<sup>2</sup> Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management and prevention of COPD. Available at [www.goldcopd.org](http://www.goldcopd.org). Accessed January 6, 2016.