

TIP Title: Needs Therapy – ACEI/ARB/DRI (Diabetes)

Identification: Patients with diabetes and hypertension whose therapy does not include a RAS antagonist--ACE-inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor (DRI)

Rationale: The current guidelines published by the American Diabetes Association recommend the use of an ACE-inhibitor or ARB in all diabetes patients with hypertension. Patients with both diabetes and hypertension are at an increased risk of cardiovascular events and mortality; several studies have shown that both ACE-inhibitors and ARBs reduce this risk of death as well as microvascular and macrovascular complications. Specifically, the HOPE trial showed that use of an ACE-inhibitor significantly reduces the risk of MI, stroke, and cardiovascular death in all patients as well as microvascular complications such as nephropathy and retinopathy. This benefit was seen regardless of existing cardiovascular disease, hypertension, microalbuminuria, type of diabetes or hyperglycemia treatment.

In addition, CMS has adopted a Star measure (D15) that assesses the proportion of patients who are receiving this guideline-recommended therapy. As a result, pharmacists are in a unique position to help optimize patient outcomes while also demonstrating their value to payors by closing this gap in therapy.

Best Practices: Needs Therapy TIP

1. Utilize your clinical judgment to assess if the recommended therapy is appropriate for the patient. Things to consider include: past medication use, allergies, contraindications, and presence of concurrent disease states.
2. When acting on this type of TIP, it is appropriate to contact the prescriber before contacting the patient.
3. If appropriate, contact the prescriber to obtain and dispense a new prescription for a preferred formulary ACEI, ARB, or DRI medication. Whenever possible, please adjudicate the claim to the patient's third party payor because adjudicated claims are the data source for Star ratings. If these claims are not captured in a third party claim, the intervention does not satisfy the measure for the health plan, which may result in a lower Star rating for this measure.
4. If the patient is already using the recommended therapy, document a result of "No Intervention Needed." For example, this may occur if the patient is paying cash for medications. If the patient has previously tried and failed on the recommended therapy, it would also be appropriate to document as "No Intervention Needed."

References:

http://care.diabetesjournals.org/content/36/Supplement_1/S11.full

<http://www.ncbi.nlm.nih.gov/pubmed/10675071>

Additional references:

<http://www.ncbi.nlm.nih.gov/pubmed/9571349>

<http://www.ncbi.nlm.nih.gov/pubmed/11937179>

