

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA) MEASURE

The SAA measure is a Healthcare Effectiveness Data Information Set (HEDIS) measure widely used to measure performance measure of percentage of members 18 years of age and older during the measurement year diagnosed with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. The treatment period is the time between the members first antipsychotic medication fill date in the current year through Dec 31st of the current year.

The importance of this HEDIS measure is due to a significant percentage of patients diagnosed with schizophrenia struggle to maintain adherent to the medication regimen prescribed by providers. The consequences lead to increased risk of relapse and increased hospitalizations. Recovery of patients is prevented due to non-adherence. Non-Adherence to medication regimen creates a challenge for prescribers as providers are not able to assess if medications are effective or changes in therapies are required. These medication complications may lead to further problems.

Contributing factors to non-adherence include lack of insight as patients may not fully understand their medications and the importance of taking as prescribed. Antipsychotic medications can cause side effects and patients may not tolerate, which leads to discontinuation of medications. Patients may suffer comorbid conditions i.e.: substance abuse which may affect adherence and worsen condition. Patients may experience social isolation and stigma, which interfere with treatment. Patients may have cognitive impairment which can interfere with remembering or understanding the importance of adherence.

Addressing non-adherence is crucial to the outcomes of patients experiencing schizophrenia. Strategies may include:

- **Psychoeducation:** Providing patients with information about their illness, medication, and the importance of adherence may improve adherence. Share the decision making.
- **Psychosocial Interventions:** Interventions, such as therapy and support groups, may help patients develop coping skills and improve adherence to treatment.
- **Long-Acting Injectables (LAI):** LAI antipsychotics can assist with adherence as patients receive their medication routinely.
- **Electronic Reminders:** These reminders may help patients to remember their scheduled medications.
- **Service-Based Interventions:** Service-based interventions, such as ACT/MACT teams, case management and outreach services, can help patients stay connected with their treatment team. This can establish the support needed for patients and assist with better medication related outcomes.
- **Care Coordination:** Reach out to patients who cancel appointments and reschedule them as soon as possible.

Note there are some exclusions to the measure: Members who use hospice services or elect to use a hospice benefit or who die any time during the measurement year.

Measure	Addendum – Codes, Medications, and Requirements
SAA - Meds**	<p>Oral Antipsychotic Medications</p> <ul style="list-style-type: none"> • Miscellaneous Antipsychotic Agents (oral): Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone • Phenothiazine Antipsychotics: Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine • Psychotherapeutic Combinations: Amitriptyline-perphenazine • Thioxanthenes: Thiothixene <p>Long-Acting Injections</p> <ul style="list-style-type: none"> • Long-acting injections 14 Day supply: Risperidone (excluding Perseris®) • Long-acting injections 28-day supply: Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine • Long-acting injections 30-day supply: Risperidone (Perseris®) • Long-acting injections 35-day supply: Paliperidone palmitate (Invega Sustenna) • Long-acting injections 104-day supply: Paliperidone palmitate (Invega Trinza) • Long-acting injections 201-day supply: Paliperidone palmitate (Invega Hafyera)



**Meds approved by NCQA for HEDIS: Prior to prescribing, please check formulary to ensure medication is covered and to determine if prior authorization is needed as updates and changes occur frequently.

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional.

References:

1. <https://www.psychiatrist.com/pcc/a-model-of-medication-adherence-in-schizophrenia/>
2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4404876/>
3. El-Mallakh P, Findlay J. Strategies to improve medication adherence in patients with schizophrenia: the role of support services. *Neuropsychiatr Dis Treat.* 2015 Apr 16;11:1077-90. doi: 10.2147/NDT.S56107. PMID: 25931823; PMCID: PMC4404876.
4. https://www.mercycareaz.org/content/dam/mercycare/pdf/gapclosureref_ua.pdf

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted**

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycaresaz.org), Denise Volkov (VolkovD@mercycaresaz.org) or Trennette Gilbert (gilbert@mercycaresaz.org)