



Medication Adherence for Hypertension (RAS Antagonist) (MAH)

CMS Weight **3**

Why it Matters

By taking blood pressure medications properly, patients gain control over a risk factor for stroke and heart attack. Adhering to hypertension regimens empowers self-management of a chronic disease while optimizing preventative treatment to avoid complications.

Definition

Percentage of patients 18 or older who are compliant to their hypertension (RAS antagonist) medication at least 80% of the time in the measurement period

Note: Patients become eligible for the measure after the **second fill** of the hypertension medication in the measurement year

Compliance

Classes of hypertension medications are included in this measure:

- Angiotensin II receptor blockers (ARBs)
- Angiotensin-converting enzyme (ACE) inhibitors
- Direct renin inhibitors

Gap Closure Methods

CPT II Codes	Structure Data	Documentation Submission
No	No	No

*Pharmacy claims only

Tips and Best Practices for MAH

- When clinically appropriate, prescribe extended days' supply (100 day)
- Assess any adherence barriers, discuss health benefits, side effects and cost
- Encourage patients to use their insurance card when filling scripts
- Encourage patients to use a mail order delivery service through insurance if applicable or through local pharmacy

Medication Adherence for Hypertension Exclusions

Required Exclusions

Exclusion	Timeframe for Exclusion
<ul style="list-style-type: none"> • Patients in Hospice or using Hospice services • End Stage Renal Disease (ESRD) • Dialysis • One or more prescription claim for sacubitril/valsartan (Entresto®) 	Any time during the measurement year

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