DMARD Therapy for Rheumatoid Arthritis (ART)

Effectiveness of Care HEDIS® Measure

Rheumatoid arthritis (RA) is a chronic inflammatory disease in which the immune system attacks healthy joints. It causes inflammation and destruction of joints and can damage organs. Anyone can get RA but it occurs more often in women and older people. Disease modifying anti-rheumatic drugs (DMARDs) can help preserve joint function and prevent further damage to joints.

HEDIS MEASURE DEFINITION
Patients 18 years and older who're diagnosed with RA and dispensed at least one ambulatory prescription for a DMARD in the current measurement year.

EXCLUSIONS FROM THE MEASURE
Patients are excluded if, during the measurement year, they:
- Are in hospice care at any time
- Have an HIV diagnosis
- Have a pregnancy diagnosis
- Are age 81 or older with frailty
- Are ages 66-80 with advanced illness and frailty (For additional definition information, see the Advanced Illness and Frailty Exclusions Guide)

INFORMATION PATIENT MEDICAL RECORDS SHOULD INCLUDE
- A diagnosis of RA only if confirmed through appropriate testing (often providers incorrectly code a diagnosis of osteoarthritis or joint pain as RA)
- The DMARD prescribed and the date it was prescribed. Below is a chart of DMARDs that fall under the HEDIS measure.

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Aminosalicylates</td>
<td>• Sulfasalazine</td>
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<tr>
<td>Alkylating agents</td>
<td>• Cyclophosphamide</td>
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<tr>
<td>Aminoquinolines</td>
<td>• Hydroxychloroquine</td>
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<tr>
<td>Anti-rheumatics</td>
<td>• Auranofin</td>
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<td></td>
<td>• Gold sodium thiomalate</td>
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<td></td>
<td>• Leflunomide</td>
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<td></td>
<td>• Methotrexate</td>
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<td>• Penicillamine</td>
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</tbody>
</table>
### Immunomodulators
- Abatacept
- Adalimumab
- Anakinra
- Certolizumab
- Certolizumab pegol
- Etanercept
- Golimumab
- Infliximab
- Rituximab
- Tocilizumab

### Immunosuppressive Agents
- Azathioprine
- Cyclosporine
- Mycophenolate

### Janus kinase (JAK) inhibitor
- Tofacitinib

### Tetracyclines
- Minocycline

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### TIPS FOR TALKING WITH PATIENTS
- Educate patients that a DMARD is the best treatment option, unless contraindicated, regardless of the severity or length of their RA diagnosis.
- Educate patients that they need to make at least 2 follow-up appointments a year after their initial diagnosis to monitor their disease, evaluate the effectiveness of their DMARD therapy, and manage potential adverse RA events with an adjusted DMARD treatment.
- Refer the patient to a rheumatologist if there’s any question of the diagnosis, and to assist with treatment as needed.

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1 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
2 https://www.niams.nih.gov/health-topics/rheumatoid-arthritis
3 https://www.ncqa.org/hedis/measures/disease-modifying-anti-rheumatic-drug-therapy-for-rheumatoid-arthritis/
4 Peter Bach et al. HEDIS 2019 Technical Specifications for Health Plans (National Committee for Quality Assurance 2018), 178-181

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