

**UREQA2 Ankylosing Spondylitis:
 Appropriate Pharmacologic Therapy
 2021**

Measure	UREQA2
Measure Title	Ankylosing Spondylitis: Appropriate Pharmacologic Therapy
Measure Description	Percentage of patients aged 18 years and older with a first diagnosis of ankylosing spondylitis who are treated with nonsteroidal anti-inflammatory drugs (NSAIDs) before initiation of biologic therapy.
Reporting Frequency	This measure is reported once per reporting period
High Priority or Outcome	<input type="checkbox"/> Outcome <input checked="" type="checkbox"/> High Priority <input type="checkbox"/> Neither
High Priority Type	Appropriate Use
Measure Type	Efficiency and Cost Reduction
NQS Domain	<input type="checkbox"/> Communication and Care Coordination <input type="checkbox"/> Community/Population Health <input type="checkbox"/> Effective Clinical Care <input checked="" type="checkbox"/> Efficiency and Cost Reduction <input type="checkbox"/> Patient Safety <input type="checkbox"/> Person and Caregiver-Centered Experience and Outcomes
NQS Domain Rationale	Nonsteroidal anti-inflammatory drugs have been demonstrated to be disease modifying in ankylosing spondylitis. They reduce clinical symptoms and delay the rate of radiographic progression, even in patients with elevated CRP and/or ESR levels and syndesmophytes at initial evaluation. A study published in 2005, also demonstrated slowing of radiographic disease progression with continuous NSAIDs, without a significant risk (1).
Inverse Measure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Yes indicates lower score is objective)
Risk Adjusted	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proportional Measure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Continuous Variable Measure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Performance Rates	One
Meaningful Measure Area	Management of Chronic Conditions

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**Applicable To
Specialties/Subspecialties**

Rheumatology

Denominator

Patients aged 18 years and older as of the date of service

AND

Newly diagnosed with ankylosing spondylitis and within the first six (6) months of treatment

 Ankylosing spondylitis ICD-10-CMs:

 M45.0 Ankylosing spondylitis of multiple sites in spine

 M45.1 Ankylosing spondylitis of occipito-atlanto-axial region

 M45.2 Ankylosing spondylitis of cervical region

 M45.3 Ankylosing spondylitis of cervicothoracic region

 M45.4 Ankylosing spondylitis of thoracic region

 M45.5 Ankylosing spondylitis of thoracolumbar region

 M45.6 Ankylosing spondylitis lumbar region

 M45.7 Ankylosing spondylitis of lumbosacral region

 M45.8 Ankylosing spondylitis sacral and sacrococcygeal region

 M45.9 Ankylosing spondylitis of unspecified sites in spine

AND

Patient encounter during the performance period (CPT or HCPCS):
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND

POS 11 Office, 19 Off Campus-Outpatient Hospital or 22 On Campus-Outpatient Hospital

WITHOUT

Telehealth Modifier: GQ, GT , 95, POS 02

Hospice Service Modifier: GV, GW

Denominator Exclusions

As noted above, telehealth visits and patients admitted to hospice are excluded

Numerator

Patients who are newly diagnosed with ankylosing spondylitis and are within the first six (6) months of treatment who are prescribed a course of NSAIDs before initiation of biologics.

Patient may be prescribed NSAIDS six months prior to the ankylosing spondylitis diagnosis.

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Performance Met	Patient prescribed NSAIDS as first line pharmacologic therapy.
Performance Not Met	Patient not prescribed NSAIDS as first line pharmacologic therapy and no medical basis for not doing so documented.
Performance Exceptions	<p>NSAIDS contraindicated for the patient. Includes both initial assessment and continual evaluation during NSAID therapy.</p> <p>OR</p> <p>NSAIDs are discontinued due to adverse effects.</p> <p>OR</p> <p>Patient refuses NSAID treatment.</p> <p>OR</p> <p>Other non-biologic pharmacologic agent prescribed for medical reasons.</p> <p>OR</p> <p>Visit is unrelated to primary management of ankylosing spondylitis.</p>
Evidence of Reliability/Validity	<p>Nonsteroidal anti-inflammatory drugs have been demonstrated to be disease modifying in ankylosing spondylitis. They reduce clinical symptoms and delay the rate of radiographic progression, even in patients with elevated CRP and/or ESR levels and syndesmophytes at initial evaluation.</p> <p>A study published in 2005, also demonstrated slowing of radiographic disease progression with continuous NSAIDs, without a significant risk (1).</p>
Other Information	<p><u>Rationale:</u></p> <p>Ankylosing spondylitis is an immune-mediated inflammatory arthritis of the spine and, less commonly, peripheral joints. There is no known single etiology. It is likely a combination of genetic, environmental, and immunologic factors that can result in active ankylosing spondylitis.</p> <p>As ankylosing spondylitis progresses, deformities of the spine such as flattening of the normal lumbar lordosis, kyphosis of the thoracic spine, and hyperextension of the cervical spine can occur. Fusion of the sacroiliac (SI) joints may also occur.</p> <p>The disease negatively impacts the quality of life (QoL) of those affected. The most common problems are stiffness, back pain, fatigue, poor sleep, side effects of medications, negative body image, and concerns about the future; especially the ability to maintain full-time employment. The latter problem also contributes to the high costs associated with caring for these patients.</p>

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The initial drug of choice is a nonsteroidal anti-inflammatory drug (NSAID). The ASAS/EULAR recommendations state that NSAIDs should be given continuously and not on an ‘as needed’ basis. However, the physician should be aware of the gastrointestinal (GI), cardiovascular, and renal risks of such medication and make the appropriate modifications in dosage, when appropriate.

The latest American College of Rheumatology (ACR) treatment recommendations published in 2015, also strongly recommend continuous NSAIDs as the initial treatment, stating that the benefits “far outweighed” (Page 6) the risks (2). Contraindications to the use of these drugs should always be taken into account.

Nonsteroidal anti-inflammatory drugs have been demonstrated to be disease modifying in ankylosing spondylitis. They reduce clinical symptoms and delay the rate of radiographic progression, even in patients with elevated CRP and/or ESR levels and syndesmophytes at initial evaluation.

A study published in 2005, also demonstrated slowing of radiographic disease progression with continuous NSAIDs, without a significant Risk (1).

Clinical Recommendation Statements:

The provider should document the pharmacologic treatment plan including rationale for not prescribing NSAIDs as the first course of pharmacologic therapy if applicable.

Citations:

- (1) United Rheumatology Clinical Practice Guideline - Axial Spondyloarthritis, Version 1.1.2016, April 2016
- (2) Ward MM, Deodhar A, Akl EA, Lui A, Ermann J, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. *Arthritis Rheumatol* 2016;68(2):282-298.