

## Pharmacologic Therapy for Men and Women Aged 50 Years and Older

*This measure is to be reported for all patients aged 50 years and older with osteoporosis — a minimum of **once** per reporting period.*

### Measure description

Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed<sup>1</sup> pharmacologic therapy<sup>2</sup> within 12 months

### What will you need to report for each patient with osteoporosis for this measure?

If you select this measure for reporting, you will report:

- Whether or not you prescribed pharmacologic therapy (other than minerals/vitamins) for osteoporosis

### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to prescribe pharmacologic therapy for osteoporosis, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

<sup>1</sup>“Prescribed” may include prescription given to the patient for treatment of osteoporosis (as listed above) at one or more encounters during the reporting period, OR documentation that patient is already taking pharmacologic therapy for osteoporosis, as documented in the current medication list.

<sup>2</sup>Pharmacologic Therapy: U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include, in alphabetical order: bisphosphonates (alendronate, ibandronate, and risedronate), calcitonin, estrogens (estrogens and/or hormone therapy), parathyroid hormone [PTH (1-34), teriparatide], and selective estrogen receptor modules or SERMs (raloxifene).