2026 PQA Measure Public Comment Period

PQA invites public comment as part of its ongoing measure maintenance and stewardship activities. Feedback from measure users and other interested parties helps PQA assess the relevance, feasibility, operational considerations, and potential impact of measure changes. This input also informs future measure development, maintenance, endorsement, and retirement activities.

Public Comment Period Overview

Scope of the 2026 Public Comment Period

The 2026 public comment period includes:

- Planned updates for measures to be included in the 2027 PQA Measure Manual and Value Sets
- Measures proposed for retirement effective with the publication of the 2027 and 2028 Measure Manual and Value Sets.

Comment Period Timeline

The public comment period is open from **August 19, 2026 through September 18, 2026** at 11:59 p.m. ET.

How to Submit Comments

Comments may be submitted by individuals or organizations through the MyPQA public comment portal.

Feedback Requested

Feedback requested varies by topic:

- **Planned Measure Updates:** PQA seeks feedback on operational considerations, unintended consequences, and other factors that may inform future measure maintenance.
- **Proposed Measure Retirement:** PQA seeks feedback on the proposed retirement, including supporting rationale, operational considerations, potential impacts, and other relevant factors.

Measures with Planned Updates Effective 2027

The following measures have planned updates for inclusion in the 2027 PQA Measure Manual and Value Sets and are progressing through PQA's established maintenance and governance processes.

PQA seeks feedback on operational considerations, unintended consequences, and other factors to inform future measure maintenance activities.

Commenters will be able to provide open-text comments on the planned updates for each measure.

Antipsychotic Use in Persons with Dementia (APD)

Measure Description:

The percentage of individuals ≥65 years of age with dementia who received an antipsychotic medication without evidence of an appropriate indication for antipsychotic use. (A lower rate indicates better performance.)

Program Implementation:

Medicare Part D Display Measure.

Planned Update:

Eligible Population: Update the eligible population criteria to include individuals with ≥2 prescription claims for subcutaneous lecanemab, an anti-amyloid monoclonal antibody medication.

Rationale:

A subcutaneous formulation of lecanemab received FDA approval in August 2025. Because the product is administered by the patient or caregiver, it is expected to be billed through a patient's prescription drug benefit, making prescription claims an appropriate source for identifying individuals with dementia.

Additional Information:

PQA will rename the target medication table from *Cholinesterase Inhibitors and NMDA Receptor Antagonists* to *Dementia Medications* to reflect the addition of an anti-amyloid monoclonal antibody medication.

Feedback Requested:

PQA seeks feedback on the planned addition of subcutaneous lecanemab to the APD measure eligibility criteria.

Persistence to Basal Insulin (PST-INS)

Measure Description:

The percentage of individuals ≥18 years of age who were treatment persistent to basal insulin during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

Medicare Part D Display Measure.

Planned Update:

Denominator Exclusion: Add an exclusion for individuals with ≥1 prescription claim(s) for insulin icodec during the measurement year.

Rationale:

Insulin icodec is a long-acting basal insulin analog that received FDA approval in March 2026. The PST-INS measure uses an empirically derived reference table to estimate days' supply for prescription claims for basal insulin. The table provides estimated days' supply values for each basal insulin type based on adjusted metric quantity ranges derived from a representative claims dataset. Developing these estimates requires at least 12 months of claims data for each basal insulin type. Because insulin icodec was only recently approved, sufficient claims data are not yet available to develop reliable days' supply estimates for inclusion in the reference table. As a result, individuals who switch from another basal insulin to insulin icodec during the measurement year may be incorrectly identified as non-persistent, despite continued basal insulin therapy.

PQA anticipates that this exclusion will be temporary and expects to remove it once sufficient claims data become available to develop and validate days' supply estimates for insulin icodec.

Feedback Requested:

PQA seeks feedback on the planned insulin icodec exclusion for the PST-INS measure.

Proportion of Days Covered: Diabetes All-Class (PDC-DR)

Measure Description:

The percentage of individuals ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for diabetes medications during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

Medicare Part D Star Ratings Measure.

Planned Update:

Eligible Population: Add a requirement that individuals have a diabetes diagnosis, defined as ≥1 claim(s) with diabetes in the primary diagnosis or any other diagnosis fields during the measurement year.

Rationale:

This update improves the specificity and face validity of the measure by more accurately identifying individuals who are receiving diabetes medications for the treatment of diabetes.

The diabetes treatment and quality measurement landscape has evolved significantly since the endorsement of PDC-DR. Historically, the measure relied on prescription claims and enrollment data to identify the eligible population because diagnosis information was not consistently available. Several developments now support this update:

- Newer diabetes therapies (e.g., GLP-1 receptor agonists, SGLT2 inhibitors) are increasingly used for conditions other than diabetes;
- Medicare and Medicaid coverage policies have expanded access to GLP-1 therapies for weight management through initiatives such as the Medicare GLP-1 Bridge and BALANCE Model; and
- Medicare Part D sponsors now have more timely access to claims data that support use of diagnosis-based eligibility criteria.

Additional Information:

- Individuals must continue to meet all other inclusion criteria, including ≥2 prescription claims for a diabetes medication on different dates of service during the measurement year, to be included in the eligible population.
- Corresponding updates will be applied to *Proportion of Days Covered Composite* (PDC-CMP*) – Component 1: PDC: Diabetes All Class* (PDC-DR) *and Proportion of Days Covered Composite [Pharmacy]* (PDC-CMP-PH*) – Component 1: PDC: Diabetes All Class [Pharmacy]* (PDC-DR-PH).
- This update is intended to be responsive to the rapidly evolving clinical and programmatic environments. PQA will continue to assess the operational impact of this update and may make future refinements as necessary.

Feedback Requested:

PQA seeks feedback on the planned addition of a diabetes diagnosis requirement to the PDC-DR measure.

Proportion of Days Covered: Statins (PDC-STA)

Measure Description: The percentage of individuals 18 years of age and older who meet the Proportion of Days Covered (PDC) threshold of 80% for statins during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

Medicare Part D Star Ratings Measure.

Planned Updates:

Denominator Exclusions: Add exclusions for cirrhosis, myalgia, pregnancy, lactation, fertility, in vitro fertilization (IVF), and rhabdomyolysis, myopathy, or myositis.

Rationale:

Exclusion	Definition	Rationale
Cirrhosis	Individuals with ≥1 claim(s) with cirrhosis in the primary diagnosis or any other diagnosis fields **during the measurement year.**	Statin therapy may be contraindicated in individuals with decompensated cirrhosis or acute liver failure; discontinuation may be clinically appropriate.
Myalgia	Individuals with ≥1 claim(s) with myalgia in the primary diagnosis or any other diagnosis fields **during the treatment period** (on or after first statin claim).	Clinical guidelines recommend discontinuing statin therapy in patients with statin-associated muscle symptoms, with consideration of a washout period before rechallenging. Excluding these individuals helps avoid misclassification of clinically appropriate discontinuation as non-adherence.
Pregnancy, Lactation, Fertility, and In Vitro Fertilization (IVF)	Individuals with ≥1 claim(s) with pregnancy or lactation in the primary diagnosis or any other diagnosis fields; ≥1 claim(s) for IVF; or ≥1 prescription claim(s) for a medication indicated for fertility **during the measurement year.**	Current clinical guidelines recommend discontinuing statin therapy during conception, pregnancy, and lactation. Excluding these individuals helps avoid misclassification of clinically appropriate treatment interruption as non-adherence.
Rhabdomyolysis, Myopathy, or Myositis	Individuals with ≥1 claim(s) with these conditions in the primary diagnosis or any other diagnosis fields **during the measurement year.**	These rare but serious adverse effects often require discontinuation of statin therapy.

Additional Information:

Corresponding updates will be applied to *Proportion of Days Covered Composite* (PDC-CMP*) – Component 3: PDC: Statin* (PDC-STA), *Proportion of Days Covered Composite [Pharmacy]* (PDC-CMP-PH*) – Component 3: PDC: Statins [Pharmacy]* (PDC-STA-PH), and *Proportion of Days Covered: Statins [Pharmacy]* (PDC-STA-PH).

Feedback Requested:

PQA seeks feedback on the planned addition of denominator exclusions for:

- Cirrhosis
- Myalgia
- Pregnancy, lactation, fertility, and IVF
- Rhabdomyolysis, myopathy, or myositis

Statin Use in Persons with Diabetes (SUPD)

Measure Description: The percentage of individuals ages 40 to 75 years who were dispensed a medication for diabetes that receive a statin medication. (A higher rate indicates better performance.)

Program Implementation:

Medicare Part D Star Ratings Measure.

Planned Updates

- **Eligible population:** Add a requirement that individuals have ≥1 claim(s) with a diabetes diagnosis in the primary diagnosis or any other diagnosis field during the measurement year.
- **Target medications:** Add dapagliflozin and empagliflozin single-ingredient products.
- **Denominator exclusion:** Add exclusion for individuals with ≥1 claim(s) for in vitro fertilization (IVF) during the measurement year.

Rationale:

Diabetes Diagnosis Requirement

This update improves the specificity and face validity of the measure by more accurately identifying individuals who are receiving diabetes medications to treat diabetes.

The diabetes treatment and quality measurement landscape has evolved significantly since the endorsement of SUPD. Historically, the measure relied on prescription claims and enrollment data to identify the eligible population because diagnosis information was not consistently available. Several developments now support this update:

- Newer diabetes therapies (e.g., GLP-1 receptor agonists and SGLT2 inhibitors) are increasingly used for conditions other than diabetes;

- Medicare and Medicaid coverage policies have expanded access to GLP-1 therapies for weight management through initiatives such as the Medicare GLP-1 Bridge and BALANCE Model; and
- Medicare Part D sponsors now have more timely access to claims data that support use of diagnosis-based eligibility criteria.

Dapagliflozin and Empagliflozin Single-Ingredient Products

The SUPD measure is aligned with clinical practice guidelines that recommend statin therapy as a first line lipid-lowering agent for individuals ages 40-75 with diabetes to reduce the risk of cardiovascular disease. Two SGLT2 inhibitors, dapagliflozin and empagliflozin single ingredient products, have FDA-approved indications for conditions other than diabetes. Historically, PQA has excluded these products because use of these agents alone could not reliably identify individuals with diabetes. Because the measure will now require a diabetes diagnosis for denominator eligibility, these products can be added to the diabetes medication table without reducing the specificity of the eligible population. The associated footnote indicating that these products were previously excluded because of FDA-approved non-diabetes indications will be removed.

IVF Denominator Exclusion

Current clinical guidelines recommend discontinuing statin therapy during conception, pregnancy, and lactation. Excluding these individuals helps avoid misclassification of clinically appropriate treatment interruption as non-adherence.

Additional Information:

- Individuals must continue to meet all other inclusion criteria, including ≥2 prescription claims on different dates of service for any diabetes medication during the measurement year, for inclusion in the measure's eligible population.
- The planned addition of a diabetes diagnosis requirement to the eligible population is intended to be responsive to the rapidly evolving clinical and programmatic environments. PQA will continue to assess the operational impact of this update and may make future refinements as necessary.

Feedback Requested:

PQA seeks feedback on the planned updates to the SUPD measure:

- Addition of diabetes diagnosis requirement to the eligible population
- Addition of dapagliflozin and empagliflozin single-ingredient products as targeted medications
- Addition of an IVF denominator exclusion.

Proposed Measure Retirement

PQA periodically evaluates its measure portfolio to ensure alignment with current clinical evidence, evolving standards of care, and the continued ability of measures to meaningfully assess and improve medication use quality. As part of this process, PQA assesses whether measures remain clinically relevant, scientifically acceptable, feasible, and fit for purpose.

For each proposed retirement, commenters will be asked whether they support the recommendation by selecting: Support, Support with Comments, Do Not Support, or Abstain. An open-text comment field will also be provided.

Proposed Retirement Effective 2027

The following measures have been proposed for retirement by the Measure Update Panel and Quality Metrics Expert Panel, subject to membership approval, with retirement effective upon publication of the 2027 Measure Manual and Value Sets. PQA seeks public comments to inform these measures proposed for retirement.

International Normalized Ratio Monitoring for Individuals on Warfarin (INR)

Measure Description:

The percentage of individuals ≥18 years of age as of the first day of the measurement year who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy. (A higher rate indicates better performance.)

Program Implementation:

None.

Rationale for Retirement:

The INR measure was originally developed for the CMS Health Insurance Marketplace Quality Rating System (QRS) and was removed beginning with the 2027 ratings year (measurement year 2026) due to low denominator sizes. In addition, evolving clinical practice increasingly favors anticoagulants that do not require INR monitoring. Given its limited quality program implementation and evolving clinical practice, retirement is recommended.

Feedback Requested:

PQA seeks feedback on the proposed retirement of the INR measure.

Migraine Preventive Therapy (MPT)

Measure Description:

The percentage of individuals ≥18 years of age with frequent use of acute migraine treatment medications that also received preventive migraine treatment medications. (A higher rate indicates better performance.)

Program Implementation:

None.

Rationale for Retirement:

Since MPT was endorsed in 2021, newer migraine therapies with indications for both acute and preventive treatment have made treatment patterns harder to distinguish. Individuals may qualify for both the numerator and denominator based on use of the same or overlapping therapies, reducing the measure's clinical interpretability and its ability to assess appropriate use of preventive therapy among individuals with frequent acute medication use. Given these changes, the current measure construct is no longer able to meaningfully distinguish appropriate preventive therapy, and retirement is recommended.

Feedback Requested:

PQA seeks feedback on the proposed retirement of the MPT measure.

Retirement Recommendations Effective 2028

The following measures have been proposed for retirement by the Measure Update Panel and Quality Metrics Expert Panel, subject to membership approval, with retirement effective upon publication of the 2028 Measure Manual and Value Sets.

The later effective date is intended to provide adequate transition time for measures that are currently implemented in quality programs and to minimize disruption for measure users. PQA seeks public comments to inform these proposed retirements.

Annual Monitoring for Persons on Long-Term Opioid Therapy (AMO)

Measure Description:

The percentage of individuals ≥18 years of age who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

One-state-based health insurance exchange.

Rationale for Retirement:

The AMO measure was developed for the CMS QRS program but was removed beginning with the 2027 ratings year (measurement year 2026) due to low denominator sizes. Other PQA measures that are widely used in CMS quality reporting programs, including the *Use of Opioids at High Dosage in Persons Without Cancer* (OHD), *Concurrent Use of Opioids and Benzodiazepines* (COB), and *Initial Opioid Prescribing for Long Duration* (IOP-LD), continue to promote the safe use of opioids. Given its limited program implementation and the continued availability of other opioid quality measures that address safe prescribing, retirement is recommended.

Feedback Requested:

PQA seeks feedback on the proposed retirement of the AMO measure.

Proportion of Days Covered: Antiretroviral Medications (PDC-ARV)

Measure Description:

The percentage of individuals ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 90% for ≥3 antiretroviral medications, or an FDA-approved 2-drug antiretroviral regimen, during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

Medicare Part D Patient Safety reports and URAC Pharmacy Benefit Management Accreditation Program.

Rationale for Retirement:

Since PDC-ARV was endorsed in 2011, HIV treatment has evolved considerably, including the availability of 2-drug regimens and long-acting injectable therapies. Because PDC-ARV assesses adherence to complete multidrug regimens, these changes have significantly increased measure complexity and created challenges in accurately identifying appropriate treatment regimens. Additional limitations in the measure's medication tables and value sets, including the inability to account for long-acting injectable antiretroviral therapies, further affect its accuracy and usability. While updates could address some of these issues, the changes required would fundamentally alter the measure's current construct and add substantial complexity. As a result, PQA believes that new measure development, rather than continued refinement of the existing measure, is the more appropriate path forward.

Retirement of the current measure should not be interpreted as diminishing the importance of quality measurement for HIV medication use. Rather, it reflects the need for future measure development that better aligns with today's treatment landscape and supports meaningful assessment of medication use quality.

Feedback Requested:

PQA seeks feedback on the proposed retirement of the PDC-ARV measure.

Proportion of Days Covered: Beta-Blockers (PDC-BB)

Measure Description:

The percentage of individuals 18 years of age and older who meet the Proportion of Days Covered threshold of 80 percent for beta-blockers during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

URAC Pharmacy Benefit Management Accreditation Program.

Rationale for Retirement:

Since endorsement, evidence and clinical practice have evolved with beta-blockers increasingly used for specific indications. As a result, the measure's broad population and uniform adherence expectation may not consistently align with current evidence and guideline recommendations without substantial ongoing refinement. While targeted refinements are possible, doing so would fundamentally alter the measure's intended population and purpose. Retirement is therefore recommended.

Feedback Requested:

PQA seeks feedback on the proposed retirement of the PDC-BB measure.

Proportion of Days Covered: Calcium Channel Blockers (PDC-CCB)

Measure Description:

The percentage of individuals ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for calcium channel blockers during the measurement year. (A higher rate indicates better performance.)

Program Implementation:

URAC Pharmacy Benefit Management Accreditation Program.

Rationale for Retirement:

Since endorsement of PDC-CCB, clinical practice and evidence have evolved. Calcium channel blockers are used across multiple indications, and because the PDC-CCB measure applies a uniform adherence expectation regardless of CCB subtype or indication, it has become less clinically meaningful than adherence measures targeted to populations where there is clear evidence linking adherence to improved outcomes. While targeted refinements are possible, doing so would fundamentally alter the measure's intended population and purpose. Retirement is therefore recommended.

Feedback Requested:

PQA seeks feedback on the proposed retirement of the PDC-CCB measure.