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Drug Utilization Review Reveals Potentially Inappropriate Medication Use Among Elderly Population

Prime Therapeutics to present findings at AMCP Conference in April

ST. PAUL, Minn. – Research conducted by Prime Therapeutics (Prime) revealed a significant reduction in inappropriate prescription medication use among older adults when a retrospective drug utilization review (RetroDUR) program paired with a provider intervention initiative was implemented. This research was recently published in the American Journal of Geriatric Pharmacotherapy. In addition, a research abstract based on the same study was published in the March issue of the Journal of Managed Care Pharmacy. The study will be presented at the Academy of Managed Care Pharmacy (AMCP) Annual Meeting this week in Orlando, Florida.

According to a 2008 study by *Research in Nursing and Health*, Persons 65 years of age and older are more likely than younger persons to require hospitalization due to adverse drug events, which have been linked to preventable problems such as depression, confusion, immobility, falls and hip fractures. Although the National Committee for Quality Assurance has created a list of drugs to be avoided in the elderly due to an increased risk of negative health outcomes, the use of these medications, which include muscle relaxants, estrogens and anticholinergic medicines, continues to be widespread.

“Inappropriate prescribing for elderly patients remains prevalent,” said Catherine I. Starner, PharmD, BCPS, CGP, lead author and Senior Clinical Pharmacist at Prime Therapeutics. “Our research suggests an actionable provider letter with member specific prescription claims information appears to be associated with a decrease in potentially inappropriate prescription medication use among older adults.”

The analysis was conducted using retrospectively analyzed pharmacy claims data from three Medicare Part D Blue Cross Blue Shield plans across four states. Prime identified members who were 65 years of age or older who had a claim for one or more drugs to be avoided in the elderly (DAE). Information was mailed to prescribers with patients who had a claim for one or more DAE and for whom a valid mailing address could be established. Plan members were then assessed for the presence of a drug in the same drug class six months after the initial analysis.

Of the eligible plan members, approximately 5 percent had a claim for one or more DAE during the 30-day review period. Overall, almost half of the claims for DAE were defined as discontinued after six months and when compared to a control group, there was a statistically significant reduction in utilization of potentially inappropriate prescription medications use. This translates into one additional DAE discontinued for every 16 DAE claims intervened upon.

The most common drugs identified in the study were estrogens, the analgesic propoxyphene, muscle relaxants, anticholinergics, antihistamines and the antibiotic nitrofurantoin. As a class, anticholinergics had the highest rate of discontinuation. Further research is needed to demonstrate the impact on health care utilization and costs, adverse drug events, and healthcare and quality of life outcomes.

Prime will be presenting this study and other poster presentations at the AMCP meeting on April 17:

- *Influence of the Copay Differential Between Generics and Preferred-Brands on the Generic Fill Rate*
- *High-Deductible Health Plans Trends in Pharmaceutical Utilization and Expenditures*
- *Multiple Sclerosis Medication Out-of-Pocket Expense Association with Decline to Fill Rate*
- *Oral Cancer Kinase Inhibitors Utilization Management Opportunity: An Integrated Medical and Pharmacy Claims Analysis*
- *Assessment of a Retrospective Drug Utilization Review Using Beers' List of Potentially Inappropriate Medications*
- *Utilization of the National Provider Identifier for Stratifying Prescribers*

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