

West Virginia Medicaid

Multiple Drug Therapy Regimen Review (Polypharmacy)

Educational RetroDUR Mailing	<input checked="" type="checkbox"/> Initial Study <input type="checkbox"/> Follow – up /Restudy
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Executive Summary

Purpose:	To increase prescriber awareness of patients on polypharmacy regimens and to encourage review of the identified therapy. This may result in discontinuation of drug therapy that is no longer necessary.	
Why Issue was Selected:	Studies have shown that when a drug therapy regimen consists of 5 or more drugs, significant risk of drug related problems results. ^{1,2} Patients who receive multiple drugs are at an increased risk for drug-drug or drug-disease interactions, duplicate therapy or unnecessary therapy, medication non-adherence, and hospitalization. A reduction in the number of medications taken per patient can result when multiple drug therapy regimens are brought to the attention of the prescriber. ^{4,5}	
Program Specific Information:	Identified Polypharmacy Regimens	# Patients
	20 or More Medications* with:	
	Opiates from 3 or more Prescribers and Pharmacies	1
	3 or more Prescribers and Pharmacies	30
	3 or More Prescribers	274
	2 Prescribers	69
	1 Prescriber	27
	Total	401
	15-19 Medications* with:	
	Opiates from 3 or more Prescribers and Pharmacies	4
	3 or More Prescribers and Pharmacies	107
	3 or More Prescribers	1,192
	2 Prescribers	458
	1 Prescriber	259
	Total	2,020
	10-14 Medications* with:	
	Opiates from 3 or more Prescribers and Pharmacies	10
	3 or More Prescribers and Pharmacies	355
	3 or More Prescribers	3,812
	2 Prescribers	2,086
	1 Prescriber	1,386
	Total	7,649
	≥ 10 Medications* with a history of cancer, HIV or chronic renal insufficiency/failure	2,210
	Total Patients	12,280
	* Antibiotics are not counted.	
Setting & Population:	All patients 18 years of age and older who have had 10 or more medications (excluding antibiotics) filled within the most recent 30 days of claims activity.	

Types of Intervention:	Cover letter and individual patient profiles.
Main Outcome Measures:	Re-measure of performance indicators.
Anticipated Results:	Decrease in the number of medications taken per patient.

Performance Indicator #1: Polypharmacy

Why has this indicator been selected?	Encouraging prescriber review of patients on a polypharmacy regimen may result in discontinuation of therapy considered no longer necessary.
How will the patients be selected ?	
Candidates (denominator):	All patients 18 years of age and older with pharmacy claims activity within the most recent 30 days. Antibiotics are excluded.
Exception criteria (numerator):	Patients who have had 10 or more medications filled during the most recent 30-day time frame.

References

1. Sarkar U, Lopez A, Maselli JH, Gonzales R. Adverse drug events in U. S. adult ambulatory medical care. *Health Serv Res.* 2011; 46:1517-33.
2. Thomsen LA, Winterstein AG, Sondergaard B, et al. Systematic review of the incidence and characteristics of preventable adverse drug events in ambulatory care. *Ann Pharmacother.* 2007; 41:1411-26.
3. George J, Elliott RA, Stewart DC. A systematic review of interventions to improve medication taking in elderly patients prescribed multiple medications. *Drugs Aging.* 2008; 25:307-24.
4. Zarowitz BJ, Stebelsky LA, Muma BK et al. Reduction of high-risk polypharmacy drug combinations in patients in a managed care setting. *Pharmacotherapy* 2005;25(11):1636–1645.

Template: Polypharmacy Analysis