Polypharmacy refers to three or more medications prescribed at the same time. This may include an attempt to treat side effects of other drugs.
Runaway Polypharmacy
There are many examples of polypharmacy in workers’ compensation. In the example below, a 61-year old male was prescribed three medications to treat a failed back surgery. When the doctor started treating the side effects caused by those drugs, the number of drugs prescribed escalated along with the number of side effects, seriously compromising the patient’s health.
Polypharmacy

AT A GLANCE

• There are a number of medical conditions for which polypharmacy is rational and indicated.
• If not monitored, polypharmacy can become inappropriate and quickly spin out of control causing serious side effects, including death.1,2
• Early detection and intervention is critical to preventing serious harm and optimizing treatment outcomes.
• Claims professionals have several options available to intervene when necessary.

THE BASICS

Polypharmacy has largely negative connotations of inappropriate or irrational therapy on the part of prescribing physicians. There are some situations in which polypharmacy is appropriate or necessary but the increased risk is not always accompanied by increased effectiveness. Workers’ compensation claimants are often prescribed complicated medication regimens that can lead to unintended consequences. These regimens very often exhibit polypharmacy.

Prescribing three or more medications may be necessary and rational to gain adequate control for the following conditions—as long as prescribers and claims professionals are familiar with the full range of medications being used—prescribed or otherwise.

• Hypertension
• Diabetes
• Pain
• Anxiety
• Psychological conditions
• Seizure disorders

Polypharmacy may also be indicated when:

• A patient has multiple illnesses
• A clinician wishes to suppress or prevent symptoms such as seizure disorders, anxiety and psychiatric disorders
• There is a need to boost the effects of another drug

References


Resources

RxInformer
www.healthesystems.com/rxinformer

Policy Impact: Prescription Painkiller Overdoses
www.cdc.gov

Appropriate Polypharmacy

TO TREAT
• Disease symptoms
• Multiple illnesses
• Phasic illnesses
• Adverse drugs effects
• To augment another drug

Inappropriate Polypharmacy

HARM FROM
• New adverse effects
• Drug/Drug interactions
• Drug/Disease interactions
• Incorrect dosing

Polypharmacy

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**Red Flags**

The scenarios below are typical of what is seen in workers’ compensation. Would you have noticed the red flags?

**DRUG/DRUG INTERACTION**

Too Much or Too Little?

Chris was a claims professional managing a recent workers’ compensation claim involving a patient who had suffered a shoulder injury in the workplace, prohibiting him from working even a computer. The patient was given a prescription for dextroamphetamine as well as Ambien®. The PBM alerted Chris about a potential polypharmacy issue between these two medications. What should Chris do?

**Recommendation:** He should contact the prescribing physician(s) immediately. In cases where a sedative (Ambien) and CNS stimulant (dextroamphetamine) are being used together, there’s a strong chance of one drug being prescribed to offset the effects of another.

**MULTIPLE PRESCRIBERS**

More Doctors, More Confusion

When injured on the job, Travis received a prescription for duloxetine (Cymbalta®), prescribed by the workers’ comp physician to handle his pain. In dealing with the pain and reduction in mobility, Travis began experiencing signs of depression. His family physician prescribed escitalopram (Lexapro®). Is this a drug duplication?

**Recommendation:** This could be a drug duplication. While Cymbalta is approved for use in pain management, it may also be effective for treating the underlying depression. Lexapro use is probably unnecessary. Claims managers should contact both prescribing physicians to get a sense of how they’ve intended the drugs to be used. In this case, use of both medications could result in a very serious interaction. It’s wise to ensure the prescribers are aware of all medications being prescribed to their patient.

**DUPICATION**

On Track or Overkill?

Melinda’s family physician prescribed an oral NSAID for her hip pain. When she asked if she should continue the topical NSAID cream the workers’ compensation physician had prescribed, he said yes. Yet when the claim came in to the claim handler, both drugs were flagged and the claim was held up in review. Why?

**Recommendation:** The duplication in NSAID use could have caused serious harm to Melinda. Also, one form would have been sufficient. If Melinda’s physician felt she needed a more potent drug, he could have instructed her to stop using the cream and stick with the oral form of the drug.

**Implications in Workers’ Compensation**

The unique nature of workers’ compensation removes cost as a consideration for patients to submit to diagnostic studies, accept treatments and fill prescriptions for medication. When cost is not a concern for patients and prescribers, it becomes an even greater concern for payers, not only for the costs of the initial polypharmacy, but also for the additional treatments to address resulting adverse effects.

If early detection and clinical intervention do not occur, polypharmacy and its associated financial and human costs can quickly spin out of control.
INTERVENTION CHECKLIST

It is important to identify inappropriate polypharmacy early so the proper interventions can be taken to enhance drug therapy outcomes, improve the claimant’s quality of life and reduce overall health expenditures. A good place to start is to open a dialog with the prescriber(s). We’ve provided some points of discussion below.

☐ Request an annual comprehensive drug regimen review of all medications the patient is taking. Include those prescribed by primary or specialty care providers.

☐ Request documentation of progress and attainment of treatment goals.

☐ Assess the patient’s compliance with and adherence to prescribed therapy.

☐ Determine if the patient can explain why s/he is taking the medications, knows the proper dose and schedule, common side effects to expect and how to manage them.

☐ Re-evaluate the benefit versus risks of continuing the therapies and assess their contribution to the patient’s overall quality of life.

☐ Check that the medication is appropriate for the patient’s age. (See Beers list¹, or STOPP/START²,³)

☐ Consider dosage adjustments if the patient is older than 65, has kidney or liver disease.

☐ Find out if the medical condition(s) changed and now requires dose adjustments or discontinuation.

☐ Request documentation of progress and attainment of treatment goals.

☐ Explore the possibility of a non-drug alternative, such as cognitive behavioral therapy (CBT) for insomnia or for chronic pain.

☐ Discuss the risks of addiction from long term use of the current therapy.

☐ Consider if a patient complaint could be a side effect of the drug or caused by drug interactions in the current regimen.

☐ Consider the availability of equally effective, lower cost alternatives.

POLYPHARMACY

continued on back
Look at the big picture. If you see that the patient is using multiple physicians and/or pharmacies. If so, consider these steps:

- Request a lead physician to coordinate care.
- Request that the patient use a single pharmacy or pharmacy with a shared network.

Request an Independent Pharmacological Evaluation (IPE):

- A Clinical Pharmacist can help sort out the pertinent issues and provide valuable guidance on a wide range of clinical issues to put an escalating claim back on track.
- It entails a detailed manual review of prescription transactions, drug therapies and evidence-based research.
- The Clinical Pharmacist will look at the claim from all angles and make written recommendations to the prescriber(s) and claim professional.

References


We’re Here To Help

Phone: (866) 646-2838
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Website: www.healthesystems.com/askapharmacist

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