Polypharmacy

RELEVANCE IN WORKERS’ COMP

Polypharmacy is the simultaneous use of multiple medications in an individual patient.

Injured workers who require medication for their injury may already be taking drugs for unrelated conditions, or they may need additional drugs for the side effects of their injury-related medication.

Polypharmacy has largely negative connotations of inappropriate 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. Polypharmacy can often lead to unintended consequences.

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 escalate the situation, causing serious side effects, including death1,2
- Early detection and intervention is critical to preventing serious harm and optimizing treatment outcomes
- Claims professionals have several options available to intervene when necessary
SAFETY & COST
Polypharmacy can pose safety concerns to the patient that include drug-drug and drug-disease interactions. Taking more medications also puts the patient at risk for more adverse effects.

Polypharmacy also represents a significant financial 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 can lead to increased complications for patients, and higher costs for payers.

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CLINICAL INTERVENTION
Clinical intervention is imperative. Intervention can lead to:
- Simpler drug regimens
- Improved patient outcomes
- Increased patient safety
- Reduced costs
Appropriate Polypharmacy

Prescribing multiple medications may be necessary and rational to gain adequate control of 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

Appropriate Polypharmacy

TO TREAT

- Disease symptoms
- Multiple illnesses
- Phasic illnesses
- Adverse drug effects
- To augment another drug

Inappropriate Polypharmacy

HARM FROM

- New adverse effects
- Drug/Drug interactions
- Drug/Disease interactions
- Incorrect dosing
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 is 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 is 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, her family physician said yes. Yet when the claim came in to the claims professional, 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 family 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.
References


Resources


Policy Impact: Prescription Painkiller Overdoses
www.cdc.gov

Three ways to contact a Healthesystems pharmacist for more information:

healthesystems.com/AskAPharmacist

DrugInfo@healthesystems.com

866.646.2838

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INTERVENTION CHECKLIST

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

☐ Request an annual, comprehensive drug regimen review of all medications the patient is taking. Include drugs prescribed by primary and 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 he or she is taking the medications, knows the proper dose and schedule, and is familiar with common side effects and how to manage them.

☐ Re-evaluate the benefits 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).

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

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

☐ 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 is the result of a medication side effect, or caused by drug interactions.

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

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POLYPHARMACY

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

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

Request an Independent Pharmacological Evaluation (IPE):

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

References

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- healthesystems.com/AskAPharmacist
- DrugInfo@healthesystems.com
- 866.646.2838