[P-519E] Initial experience with COX-2 inhibitor utilization in a veterans long term care facility

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One year after the initial cyclooxygenase-2 (COX-2) inhibitor introduction, we were spending approximately $5000 per month for these agents. We initiated an extensive review of patients on these medications to determine prescribing patterns. From a computer-generated printout of all patients prescribed a COX-2 inhibitor between July 1, 1999 through February 15, 2000, we randomly selected 53 of the 131 total patients for chart review. Our population was 80% male with an average age of 72.2 years. Over 50% of the patients were >75 years of age, and 88% had a diagnosis of osteo- or rheumatoid arthritis. 52% of patients had pre existing hypertension and 30% had a creatinine clearance of <35 mL/min at baseline. 53% were on prophylactic aspirin therapy. 41% of the total Cox-2 inhibitor therapies were discontinued for lack of efficacy (50%) or ADRs (18%). We stratified our population using the VA Gastrointestinal Risk Assessment Tool for potential serious NSAID induced GI events. 70% of our patients were considered to be at significant or substantial risk. Involvement of clinical pharmacists at initial evaluation of therapy would be beneficial in determining appropriateness of a COX-2 inhibitor versus a NSAID. Documentation of indication, previous NSAID use, ADRs and efficacy is important for further evaluation of treatment. Tighter patient selection criteria, including assessment and monitoring of each patient's GI, hypertension, and renal risk status with new drug therapies such as Cox-2 inhibitors would benefit approximately 30% of our patient population.