



Evaluate Your Patients for NSAID Toxicity...

Dear Doctor:

If you prescribe or suggest nonsteroidal anti-inflammatory drugs (NSAIDs), carefully evaluate your patients for NSAID-related toxicity using the following list of risk factors:

- age greater than 60
- previous peptic ulcer disease
- history of GI hemorrhage
- taking maximum NSAID dosage
- concurrent corticosteroid use
- anti-coagulant use
- concurrent use of H2-blockers or antacids
- chronic disability
- cardiovascular disease
- taking two or more NSAIDs at the same time
- three or more alcoholic drinks per day
- current smoker

This list of risk factors is recommended to you by the Department of Social and Health Services (DSHS) Drug Utilization and Education (DUE) Council. The DUE Council also recommends that you:

- Consider a trial treatment with acetaminophen dosed up to 4 grams per day for at least two weeks before prescribing an NSAID for conditions such as osteoarthritis.
- Counsel your patients against taking other OTC medications with their prescription NSAID. Often the patient doesn't realize that aspirin or ibuprofen belong to the same therapeutic drug class.
- Evaluate your patients' degree of pain relief and/or functional improvement and make sure they have no NSAID-related toxicities before you authorize additional refills.

In September 1998, Pro-West reported that an estimated 1-4% of all patients who use NSAIDs regularly will require hospitalization for upper gastrointestinal bleeding or perforation during each year of therapy.

Washington Medicaid drug utilization data show that the majority of NSAIDs are not being used for their FDA-approved indication and/or dosing. The DUE Council has made the decision to require expedited prior authorization for the entire therapeutic drug class of NSAIDs in order to reduce inappropriate prescribing.

NSAIDs are used by more than 30 million Americans with 70-100 million prescriptions filled annually. Please make sure your patients are evaluated for NSAID risk factors.