Amanda R. Harrington 1, Chanadda Chinthammit 2, Kevin Bower 1, Rose Martin 1, Terri L. Warholak 1

1 University of Arizona, College of Pharmacy
2 University of Arizona, College of Medicine – Tucson

Figure 1. ACEI/ARB Recommendation Exclusions

METHODS

This study was a retrospective, cross-sectional analysis. The cross-sectional study timeframe was January 1, 2013 through December 31, 2013.

• Patients were included in the analysis if they met these inclusion criteria:
  - Medicare Part D Beneficiaries with diabetes in 1 of 96 health plans
  - Enrolled in UAMMC’s MTM program
  - At least one recommendation for adding an ACEI/ARB to their therapy regimen

- No ACEI/ARB medication claim in 2013

- Limited patient history to make clinical decisions

- Only medication claims available

- Enrolled in UAMMC’s MTM program

Results of interest were the exception reasons precluding the recommendation of ACEI/ARB therapy recommendations across health plans.

- 96 health plans were divided into quartiles for results presentation.

- Outcomes of interest were the exception reasons precluding the recommendation of ACEI/ARB therapy, categorized as:
  - Errors in exception (e.g., exception generated in the system)
  - Pharmacist exception (e.g., exceptions generated during a pharmacist consultation)

- 96 health plans were divided into quartiles for results presentation.

- Limited patient history to make clinical decisions

- Only medication claims available

- Enrolled in UAMMC’s MTM program

Figure 2. Diabetes (%) in Health Plans

Figure 3. Exceptions (%) to adding ACEI/ARB

CONCLUSION

- In conclusion, this study found a descriptive difference across health plans in instances where ACEI/ARB therapy recommendations were not recommended to the patient; and

- The extent to which exceptions to recommending ACEI/ARB therapy recommendations across health plans.

REFERENCES