

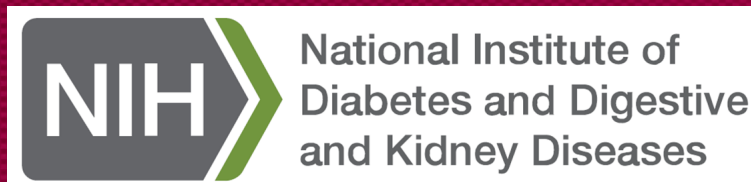
LOYOLA UNIVERSITY MEDICAL CENTER, CENTER FOR MALE HEALTH

COMPARISON OF BPH MEDICATION PRESCRIBING AMONG SEXAGENARIANS WITH MEDICARE AND PRIVATE INSURANCE

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BACKGROUND

- Over time, medication use for BPH is increasing and surgical treatment is decreasing
 - 5-year rate of medication use more than doubles between ages 50 to 59 and 60 to 64
- Current understanding of medication usage trends is incomplete
 - Prior studies used non-representative datasets

[Trends in LUTS/BPH, 2004-2013: The Urologic Diseases in America Project.](#) Welliver C, Feinstein L, Ward JB, Fwu CW, Kirkali Z, Bavendam T, Matlaga BR, McVary KT; Urologic Diseases in America Project. Journal of Urology, August 2019

OBJECTIVE

- To assess BPH medication prescribing patterns for 60 to 69-year-olds with either Medicare or private insurance
- Urologic Diseases in America (UDA) Project
 - Federally sponsored
 - NIDDK, Johns Hopkins University, Social & Scientific Systems
 - Large, representative dataset followed longitudinally
 - Assessed health care utilization in Medicare and privately insured patients

METHODS

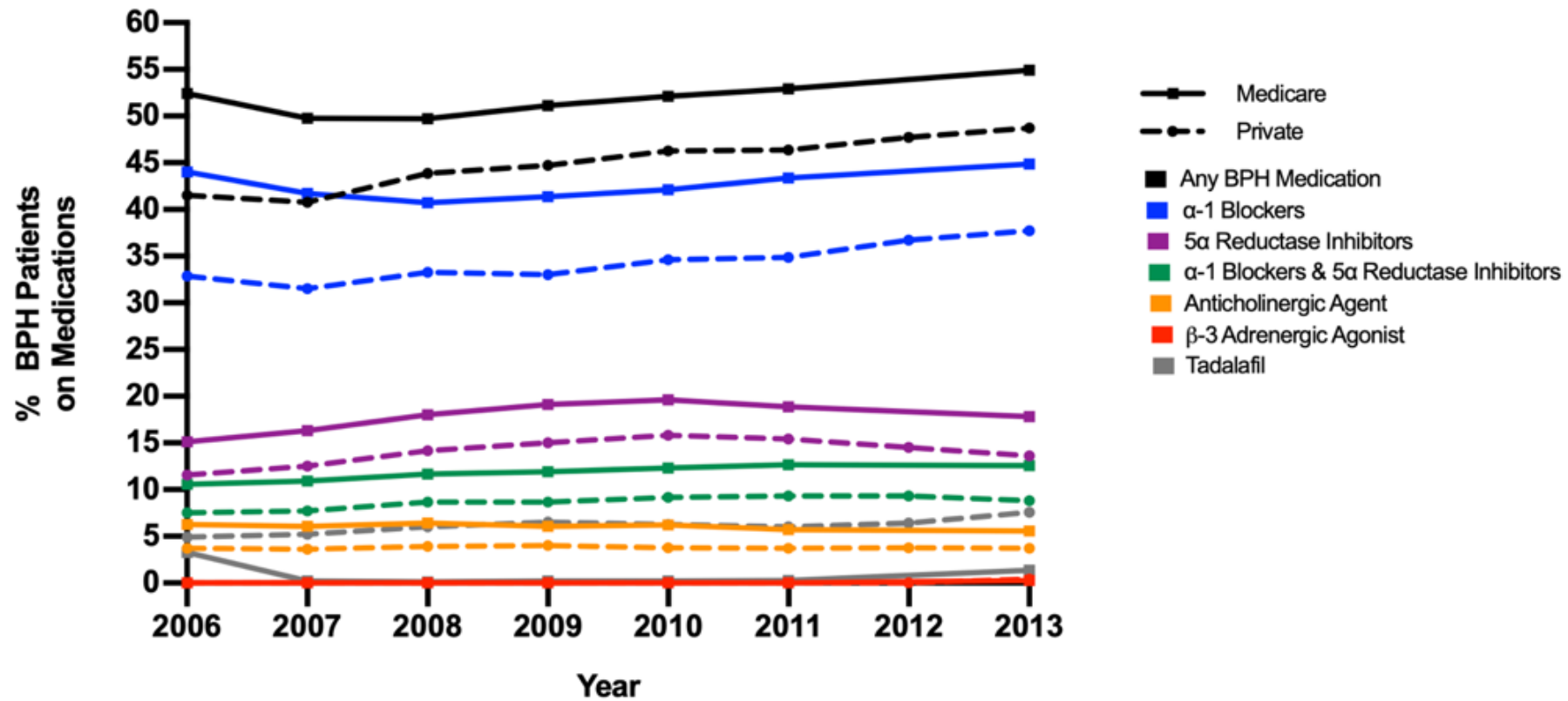
- Urologic Diseases in America (UDA-NIDDK) insurance claims databases:
 - CMS 5% Sample (Medicare beneficiaries age > 65)
 - Continuous enrollment in Medicare Parts A&B
 - US Resident, age 65 years or older as of January 1, 2006
 - Not enrolled at any time during 2006 – 2013 for HMO benefits
 - Clinformatics Data Mart (CDM, privately insured adults < 65)
 - Continuous commercial insurance enrollment 2006 - 2013
 - US resident, age 40 years or older as of January 1, 2006
- Cohorts
 - Annual Cohort (cross sectional)
 - Longitudinal Cohort (Optum and Medicare men followed >10 years)

METHODS

- Prescribing patterns for BPH stratified by medication and insurance types (2006 – 2013)
- **Inclusion:** ≥ 1 evaluation/management claim related to ICD-9 code for LUTS/BPH or indicative symptom
 - Medicare Patients age 65 – 69
 - Privately insured patients age 60 – 65
- **Exclusion:** ICD-9 code for prostate cancer
- **LUTS/BPH Prescriptions of Interest:**
 - Alpha-1 Blockers (AB)
 - 5-alpha reductase inhibitors (5-ARI)
 - Anticholinergic agents
 - Beta-3 adrenergic agents
 - Daily Tadalafil (PDE5i) – excluded if on Tadalafil solely for ED treatment

RESULTS

BPH Medication Prescribing Patterns among 60- 69 y/o men, 2006-2013



POSSIBLE EXPLANATIONS

- Decline in 5 α RI prescribing
 - Coinciding with FDA “black box” warning in 2011
- Decline in anticholinergic prescribing
 - Increasing concern over memory effects in older patients
 - Availability of Beta-3 agonist as an alternative
 - Guideline restriction to PVR < 250ml

POSSIBLE EXPLANATIONS

- Daily Tadalafil use low throughout study period
 - Late approval for LUTS/BPH
 - Patients receiving Tadalafil for ED only were excluded
 - Coverage uncommon amongst Medicare patients and many commercial insurances during this time period
 - Increasing now with generic option

CONCLUSION

- Overall increase in BPH medication prescribing from 2006-2013
- Decline in 5 α RI and AC prescribing
- Decline in AC prescribing
- Tadalafil prescribing for BPH was rare
- Greater rise in BPH medication prescribing amongst privately insured relative to Medicare
- UDA Project affords a broad assessment of prescribing trends



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