Safety was characterized by ADR reporting and discontinuation of treatment. Medication effectiveness was determined by persistence on the subsequent alternative alpha-1-antagonist.

RESULTS: Of 226 patient requests submitted, 55 (24.3%) were denied. Patients averaged 17.9 months (±12.4) on tamsulosin prior to denial. After 90-days, 67.3% remained on the recommended alternative alpha-1-antagonist, 14.5% had no alternative ordered and no tamsulosin dispensed, 9.1% remained on tamsulosin from VASDHS, 5.5% continued tamsulosin from non-VASDHS sources, 3.6% required changing to a second non-tamsulosin alternative, and adverse events occurred in 9.1%. The cost of a prescriber entering a reauthorization request was $8.19/patient while adjudication by a pharmacist was $11.61/patient. Few telephone contacts (10), unscheduled clinic visits (1), and urgent care visits (0) occurred adding $5.29 per patient per month (PPPM). Prescription costs were $9.82 PPPM for patients denied versus an estimated $43.87 for those approved. The total cost of 226 requests, excluding scheduled clinic visits, was $128.94/patient versus an estimated $131.58/patient if the program had not been implemented.

CONCLUSION: Overall outcomes and associated costs incurred in a tamsulosin reauthorization program eliminated much of the anticipated cost savings in the 90-days following a denial.

**FACTORs INFLUENCING EARLY NEPHROLOGY CARE PRIOR TO HEMODIALYSIS INITIATION AMONG ELDERLY PATIENTS WITH END-STAGE RENAL DISEASE**

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OBJECTIVE: Early care provided by nephrologists before initiating dialysis may improve treatment outcomes for patients who later progress to end-stage renal disease (ESRD) and start hemodialysis. The objective is to identify factors influencing early nephrology care, defined as a visit with a nephrologist from 4 to 12 months prior to hemodialysis initiation among elderly ESRD patients. METHODS: The study population consists of patients initiating hemodialysis in the years 1996-1999, aged 67+ years and having Medicare Part B coverage in the fee-for-service system in the 2nd year prior to dialysis initiation. Patients' characteristics were obtained from Centers for Medicare & Medicaid Services form 2728 files. Comorbidities and hospital utilization were generated from Medicare Part A and/or Part B claims. Physician visits including early nephrology care and access to non-nephrologist physicians and nephrologists practicing in a local area, defined as an area 30 miles within a patient's residence ZIP code, were computed with Medicare Part B physician/supplier files and US 2000 Census data. RESULTS: About 33.79% of 91,189 elderly patients received early nephrology care before starting hemodialysis. Logistic regressions indicated that patients who were male, had hypertension, anemia, more hospital admissions in the year before initiating dialysis, lived in an area with more nephrologists per 1000 prevalent elderly ESRD patients were more likely to obtain early nephrology care. Patients older than 76 years, having diabetes, living in an area with more non-nephrologist physicians per 10,000 population had a lower likelihood of getting early nephrology care. Patients residing in areas 12 miles or more away from the nearest nephrologist had a smaller odds ratio of receiving early nephrology care compared to patients living in an area less than 4 miles away. CONCLUSIONS: Elderly ESRD patients' characteristics and access to local non-nephrologist physicians and nephrologists affect the use of early nephrology care prior to hemodialysis initiation.