

**EQUATDUR-2: Edmonton Quality Assessment Tool for Drug Utilization Reviews**

*A scale to assess the methodological quality of DURs that estimate the appropriateness of pharmacotherapy*

Study number \_\_\_\_\_

Rater initials: \_\_\_\_\_

**Circle the number to the right of the criterion that best describes the DUR.**

*If two or more reviews appear to be included in the same paper, apply the EQUATDUR-2 to each stage*

**SCORE**

**A. Sample Selection** [Prescriptions (Rx) selected]. Purpose of criterion: *To avoid / minimize selection bias*

- a. All eligible Rx\* assessed...(may include consecutive sample)..... 3
- b. Random sample from eligible Rx..... 2  
 If method of randomization stated and acceptable (e.g. random number table, computer generated code).....**add...1**
- c. Systematic sample (e.g. every n<sup>th</sup> Rx, odd/even numbers,) from eligible Rx..... 1
- d. Convenience sample\* of Rx, or method of selection not specified..... 0

*\*It may be difficult to decide whether the sample comprises all eligible Rx's or is simply a convenience sample (selected on the basis of availability with a high potential for being biased and non-representative). If you think the sample is sufficiently representative to provide a 'true' picture of drug use according to the inclusion criteria, select 'a'; otherwise select 'd'.*

\_\_\_\_\_/3

**B. Data Collection.** Purpose of criterion: *To avoid / minimize detection bias*

- a. Data collection was verified (i.e. double checked for accuracy & completeness).....2
- b. Process of data collection was systematic (e.g. trained interviewer, standardized data collection form, or computer system) but not verified for accuracy & completeness.....1
- c. None of above / unclear.....0

\_\_\_\_\_/2

**C. Data Analysis.** Purpose of criteria: *To avoid/minimize observer/assessor bias*

- 1. Up-to-date, evidence-based, peer reviewed sources were used to develop criteria for evaluating appropriateness:
  - A. Based on current peer reviewed scientific evidence (e.g. locally performed literature review; gold standard clinical test)
  - B. Developed by an expert committee (e.g. pharmacy & therapeutics committee, experienced practitioners with drug therapy expertise)
  - C. Published in peer reviewed source (e.g. guidelines published in reputable peer reviewed journal)
  - D. Approved by an appropriate professional association
  - E. Approved product labeling supplied by pharmaceutical manufacturer
    - a. If used ≥ 2 sources from A to E...(each source is mutually exclusive).....2
    - b. If used only 1 source from A to E.....1
    - c. Source of criteria unknown or not-evidence based.....0
- 2. The determination of appropriateness of medication use was:
  - a. Verified by a second source for accuracy.....2
  - b. Determined systematically (e.g. computer generated) but not verified by second source.....1
  - c. None of above / unclear.....0
- 3. Assessors of appropriateness were:
  - a. "Blinded" (e.g. to name of prescriber) or appropriateness assessed by computer.....1
  - b. Not blinded / unclear.....0

\_\_\_\_\_/5

<p><b>Quality Rating Category</b>                  0-4 = low                  5-7 = moderate                  8-10 = high</p>
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Total score for DUR = A+B+C = \_\_\_\_/10

FIG. 1 EQUATDUR-2.