



High-Risk Medications in the Elderly

If managed carefully, High-Risk Medications can be utilized more strategically in the elderly to prevent adverse events and improve patient safety.

The use of certain medications in elderly patients can result in poor health outcomes as a result of confusion, falls, and other factors affecting mortality.¹ These risks are documented and explained with recommendations in the American Geriatrics Society Beers Criteria.

The Centers for Medicaid and Medicare Services (CMS) also appear to express concern surrounding the appropriateness of certain medications in older adults. CMS publishes Medicare Part C and Part D Star Ratings each year to help measure quality in Medicare Advantage (MA) and Prescription Drug Plans (PDPs).

How Does this Affect our Practice?

Some of your patients may be taking High Risk Medications which could have a negative impact on their health outcomes. High-Risk Medications can be impacted by assessing the prescribing patterns of providers at your practice. For this reason, a High-Risk Medications measure also appears on your Medicare Scorecard as informational only allowing your practice the ability to track how you are managing this population.

How is this Measured Specifically?

The High-Risk Medications measure (informational only) is defined as the percentage of Medicare Part D beneficiaries 65 years and older who received two or more prescription fills for the same High-Risk Medication. In order to meet CMS criteria for this measure, limit the use of these medications.

Commonly used High-Risk Medications include:

- Amitriptylene (Elavil)
- Carisoprodol (Soma)
- Chlorpheniramine
- Cyclobenzaprine (Flexeril)
- Diphenhydramine
- Eszopiclone (Lunesta)
- Hydroxyzine (Atarax)
- Glyburide (Diabeta)
- Megestrol (Megace)
- Meperidine (Demerol)
- Methocarbamol (Robaxin)
- Metaxalone (Skelaxin)
- Promethazine
- Zaleplon (Sonata)
- Zolpidem (Ambien)

For a complete list of medications designated as “High-Risk Medications,” as well as a comprehensive summary of the measure, visit the Pharmacy Quality Alliance (PQA) Measure Development webpage at pqaalliance.org/measures/default.asp.

What can Our Practice do to have an Impact on High-Risk Medications?

By identifying which medications are on the list of High-Risk Medications, these medications can be monitored more closely and more carefully prescribed. Educating staff members and prescribers at your practice about High-Risk Medications could improve health outcomes for your patients.

Understanding alternatives to high-risk medications that have a decreased potential for side effects in the elderly (like glimepiride opposed to glyburide) can help benefit your patients. Many High-Risk Medications may be non-formulary, or require preauthorization for them to be covered. This could result in your patients paying for them out-of-pocket.

When reviewing a patient's medications determine if the patient is taking any High-Risk Medications. If so, determine the appropriateness of these medications, whether or not the patient is experiencing any adverse effects, and consider more appropriate alternatives.

The STOPP (Screening Tool of Older Persons' Potentially Inappropriate Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment) criteria are relatively newer tools that can be used to address undertreatment, as well as overtreatment, of older adults with use of medications that are potentially inappropriate.²

ATTENTION: Beers Criteria updated in 2015

The American Geriatrics Society Beers criteria include medications that may be inappropriate to older adults and should be avoided. The list was first created by a group of geriatricians lead by Mark Beers in 1991 to help clinicians determine which medications should be avoided in nursing home patients since seniors in these settings are at increased risk for suffering medication related problems. The list has since been updated in 2003, 2012, and now again in 2015.

For more information surrounding the 2015 updated Beers list, see the American Geriatrics Society's press release at www.americangeriatrics.org/press/news_press_releases/id:5907.

More information regarding other related topics can be found at the web addresses below:

- CMS Star Ratings: www.cms.gov/Medicare/Medicare.html
- Pharmacy Quality Alliance: pqaalliance.org
- STOPP Criteria abstract: www.biomedcentral.com/content/pdf/1471-2318-9-5.pdf
- START Criteria abstract: ageing.oxfordjournals.org/content/36/6/632.full.pdf+html

References

¹Fick, Donna M., et al. "Updating the Beers criteria for potentially inappropriate medication use in older adults: results of a US consensus panel of experts." *Archives of internal medicine* 163.22 (2003): 2716-2724.

²Potentially Inappropriate Medications in the Elderly | American Society of Consultant Pharmacists [Internet]. [cited 2015]; Available from: www.ascp.com/articles/potentially-inappropriate-medications-elderly

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