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Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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The Centers for Medicare and Medicaid Services (CMS) developed performance and quality measures to help Medicare beneficiaries make informed decisions regarding health and prescription drug plans. As part of this effort, CMS adopted measures for High Risk Medication (HRM) endorsed by the Pharmacy Quality Alliance (PQA) and the National Quality Forum (NQF). The HRM was developed using existing HEDIS measurement “Drugs to be avoided in the elderly”. The HRM rate analyzes the percentage of Medicare Part D beneficiaries 65 years or older who have received prescriptions for drugs with a high risk of serious side effects in the elderly.

In order to advance patient safety, IEHP will be identifying members over 65 and currently on one of the medications identified in Table 1. Providers will be receiving a list of these members from IEHP on an ongoing basis. IEHP asks providers to review their member’s current drug regimen and safety risk and make any appropriate changes when applicable.

Table 1: Medications identified by CMS to be high risk in the elderly:

Drug Class	Drug	Safety Concerns	IEHP Formulary Alternative(s)
Acetylcholinesterase Inhibitor	Donepezil (in patients with syncope)	Orthostatic hypotension or bradycardia	Memantine
Amphetamines	Dextroamphetamine Lisdextroamphetamine Diethylpropion Methylphenidate Phentermine	CNS stimulation	Weight Control: Diet & lifestyle modification Depression: mirtazapine, trazodone
Analgesic (includes combination medications)	Pentazocine Meperidine	Confusion, hallucination, delirium, fall, fracture	<u>Mild Pain:</u> APAP
	Tramadol	Lowers seizure threshold	<u>Mod-Severe Pain</u> Norco Vicodin Percocet Morphine
	Aspirin > 325 mg/day Diflunisal Etodolac Fenoprofen Ketoprofen Meclofenamate Mefenamic acid Nabumetone	GI bleeding/peptic ulcer, edema may worsen heart failure	

	Naproxen Piroxicam Oxaprozin Sulindac Tolmetin Ketorolac Indomethacin Meloxicam Diclofenac		
Anorexia	Megestrol	Minimal effect on weight; increases risk of thrombotic events and possibly death	Depends on origin
Anti-anxiety (includes combination medications)	Aspirin/meprobamate Meprobamate Clorazepate Chlordiazepoxide Diazepam Flurazepam Alprazolam Estazolam Lorazepam Oxazepam	Increased risk for delirium, cognitive impairment, dependence, sedation, falls, fractures, respiratory depression in COPD, syncope Older adults have increased sensitivity to benzodiazepines and slower metabolism of long- acting agents	Buspirone SSRI, SNRI
Antidepressants	Paroxetine	Worsen delirium, worsen urinary retention, worsen cognitive impairment	SSRI, mirtazepine, bupropion, nortriptyline, trazodone, desipramine, low dose doxepin
	Amitriptyline Clomipramine Imipramine Trimipramine Doxepin (>6mg/d)	Highly anticholinergic - greater risk of dry mouth, confusion, constipation, urinary retention; orthostatic hypotension	
Anti-emetics	Scopolamine Trimethobenzamide	Poor efficacy, extrapyramidal side effects	Ondansetron
	Metoclopramide	Extrapyramidal side effects, tardive dyskinesia	
	Prochlorperazine	Cause or worsen delirium, worsen constipation, cognitive impairment, worsen Parkinson's disease	
	Promethazine	Anticholinergic effects (e.g., confusion, dry mouth, constipation), delirium, cognitive impairment, worsen Parkinson's disease, reduced clearance in elderly	
Antihistamines (includes combination products)	First generation: Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine Dexchlorpheniramine Diphenhydramine	Highly anticholinergic – greater risk of dry mouth, confusion, constipation, urinary retention; clearance reduced with advanced age, tolerance may develop if used as hypnotic	Cetirizine, loratadine

	(oral) Doxylamine Hydroxyzine Promethazine Triprolidine		
Antihypertensives	Doxazosin Prazosin Terazosin Clonidine Guanfacine Guanabenz Methyldopa Reserpine (>0.1 mg/d) Nifedipine, short-acting	High risk of orthostatic hypotension, bradycardia, CNS adverse effects Nifedipine has risk of precipitating myocardial ischemia	Thiazides, ACE inhibitors, ARB, beta-blocker, calcium channel blocker
Antiparkinson agents	Benzotropine Trihexyphenidyl	Delirium, worsen cognitive impairment, worsen constipation, worsen urinary retention; not recommended to prevent antipsychotic-associated extrapyramidal effects; not very effective for Parkinson's disease	Decrease antipsychotic dose or discontinue; atypical antipsychotic (see antipsychotics section, above, for more information)
Antiplatelet	Dipyridamole, oral short-acting Ticlopidine	May cause orthostatic hypotension; more effective and safer alternatives available	Clopidogrel
	Cilostazol	May worsen heart failure	
Antipsychotics	Thioridazine Mesoridazine Chlorpromazine Perphenazine Clozapine Olanzapine	Lower seizure threshold, CNS side effects, increased extrapyramidal side effects, orthostatic hypotension	Risperidone Quetiapine Aripiprazole
Antispasmodics	Belladonna alkaloids Dicyclomine Hyoscyamine Propantheline Scopolamine Clidinium-chlordiazepoxide	Anticholinergic effects (e.g., confusion, dry mouth, constipation, urinary retention), delirium, questionable efficacy	Chronic Constipation: fiber, fluids, Miralax, lactulose Diarrhea: loperamide
Cardiac Drugs	Amiodarone Dronedarone	QT prolongation, hypo- or hyperthyroidism, pulmonary toxicity	Rate control preferred for atrial fibrillation
	Dofetilide Flecainide Ibutilide Procainamide Propafenone Quinidine Sotalol	Rate control preferred over rhythm control in elderly	

	Digoxin >125 mcg/day	Slow renal clearance may lead to toxicity; higher dosages associated with no additional benefit in heart failure	
	Spirololactone >25 mg/day	Higher risk of hyperkalemia in heart failure	
Diabetic Drugs	Chlorpropamide	Prolonged hypoglycemia, SIADH	Glimepiride, Glipizide
	Glyburide	Prolonged hypoglycemia	Avoid Glucotrol XL due to hypoglycemic risk
	Sliding scale insulin	Higher risk of hypoglycemia without improvement in hyperglycemia management regardless of care setting	
Hormones	Conjugated estrogens Esterified estrogens Estropipate Topical and oral estrogens	Evidence of carcinogenic potential (breast and endometrium) Lack of cardioprotective effect and cognitive protection in older women	Hot flash: SSRI, gabapentin, non-drug therapy Bone Density: calcium, vitamin D, alendronate Low-dose intravaginal estrogen for management of lower UTIs, dyspareunia, other vaginal symptoms
	Growth Hormone	Effect on body composition is small; associated with edema, arthralgia, gynecomastia, impaired fasting glucose, carpal tunnel syndrome	Avoid unless for hormone replacement after pituitary gland removal
	Testosterone Methyltestosterone	Potential for cardiac problems; contraindicated in men with prostate cancer	Avoid unless indicated for moderate to severe hypogonadism
	Desiccated thyroid	Concern for cardiac effects; safer alternatives available	Levothyroxine
Hypnotics	Amobarbital Butobarbital Butalbital Mephobarbital Pentobarbital Phenobarbital Secobarbital	High rate of physical dependence, tolerance, delirium, risk of overdose, (narrow therapeutic window)	Insomnia: non-pharmacologic therapy, low-dose trazodone, low-dose doxepin, short-term use of zolpidem, zaleplon, ramelteon
	Temazepam Triazolam Diazepam Flurazepam Quazepam	Cognitive impairment, delirium, unsteady gait, syncope, falls, accidents, fractures	
	Chloral hydrate	Tolerance occurs within 10 days; overdose can occur with only 3 times recommended dose; risk outweighs benefits	

Skeletal Muscle Relaxants	Carisoprodol Chlorzoxazone Cyclobenzaprine Metaxalone Methocarbamol Orphenadrine	Anticholinergic effects (e.g., confusion, dry mouth, constipation, urinary retention), sedation fractures, delirium, cognitive impairment, questionable efficacy at doses tolerated in elderly	Baclofen Tizanidine
Urinary Drugs	Nitrofurantoin	Pulmonary toxicity Inadequate concentration in urine if CrCl <60 ml/min	Depends on infection

Please feel free to contact IEHP Pharmaceutical Services Department at 909-890-2049, if you have any questions.

Sincerely,

IEHP Pharmaceutical Services Team