

Reducing High-Risk Medications for Older Adults

The number of medications used and risk of an adverse drug event (ADE) typically increases with age.¹ Older adults, those 65 years or older, are more likely to experience an ADE than younger adults. The Centers for Disease Control and Prevention estimates 1.3 million visits to the emergency department (ED) and 350,000 hospital stays are attributed to an ADE. Older adults are two times more likely to visit an ED and seven times more likely to require a hospital stay due to an ADE than younger adults.

The American Geriatrics Society Beers Criteria for Potentially Inappropriate Medication Use in Older Adults suggests to avoid the following medications with a strong recommendation in most cases.² These medications should be discontinued and switched to a safer alternative when possible or maintained at the lowest effective dose.

The VillageCareMAX Medicare Part D formulary is available at <https://www.villagecaremax.org/>. Prior authorization is required for many of these formulary medications for those members greater than 64 years old. Claims will be approved for up to a 30-day supply during the first 90 days of enrollment to avoid interruption of established therapy in accordance with our transition policy. Prescribers may request prior authorization to continue therapy by calling MedImpact at 1-888-807-6806.

High-Risk Medications

| Description | Prescription | |
|---|---|--|
| Anticholinergics, first-generation antihistamines | Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine Dexchlorpheniramine | Diphenhydramine (oral) Dimenhydrinate Doxylamine Hydroxyzine Meclizine Promethazine Triprolidine |
| Anticholinergics, anti-Parkinson agents | Benzotropine (oral) | Trihexyphenidyl |
| Antispasmodics | Atropine (exclude ophthalmic) Belladonna alkaloids Clidinium-chlordiazepoxide Dicyclomine | Hyoscyamine Propantheline Scopolamine |
| Antithrombotics | Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin) | Ticlopidine |
| Cardiovascular, alpha agonists, central | Clonidine Guanfacine | Guanabenz Methyldopa |
| Cardiovascular, alpha-1 blockers | Doxazosin Terazosin | Prazosin |
| Cardiovascular, other | Disopyramide | Nifedipine, immediate release |
| Central nervous system, antidepressants | Amitriptyline Clomipramine Amoxapine Desipramine Imipramine | Trimipramine Nortriptyline Paroxetine Protriptyline |

| Description | Prescription | |
|--|--|--|
| Central nervous system, barbiturates | Amobarbital Butobarbital Butalbital Mephobarbital | Pentobarbital Phenobarbital Secobarbital |
| Central nervous system, vasodilators | Ergot mesylates | Isoxsuprine |
| Central nervous system, other | Meprobamate | |
| Endocrine system, estrogens with or without progestins; include only oral and topical patch products | Conjugated estrogen Esterified estrogen | Estradiol Estropipate |
| Endocrine system, sulfonylureas, long-duration | Chlorpropamide | Glyburide |
| Endocrine system, other | Desiccated thyroid | Megestrol |
| Pain medications, skeletal muscle relaxants | Carisoprodol Chlorzoxazone Cyclobenzaprine | Metaxalone Methocarbamol Orphenadrine |
| Pain medications, other | Indomethacin Ketorolac, includes parenteral | Meperidine Pentazocine |

High-Risk Medications With Days Supply Criteria Medications

| Description | Prescription | | Days Supply Criteria |
|-----------------------------|--|--|---|
| Anti-Infectives | Nitrofurantoin Nitrofurantoin macrocrystals | Nitrofurantoin macrocrystals-monohydrate | Avoid if CrCl < 30 mL/min or for long term suppression of bacteria (>90 days) |
| Nonbenzodiazepine hypnotics | Eszopiclone Zaleplon | Zolpidem | >90 days |

High-Risk Medications With Average Daily Dose Criteria Medications

| Description | Prescription | Average Daily Dose Criteria |
|--|--------------|-----------------------------|
| Alpha agonists, central | Reserpine | >0.1 mg/day |
| Cardiovascular, other | Digoxin | >0.125 mg/day |
| Tertiary TCAs (as single agent or as part of combination products) | Doxepin | >6 mg/day |

References:

- Centers for Disease Control and Prevention. Adverse Drug Events in Adults. Atlanta, GA: US Department of Health and Human Services; 2018: Available at: https://www.cdc.gov/medicationsafety/adult_adversedrugs.html. Updated 6/9/2018. Accessed 10/23/2018.
- American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2015;63(11):2227-2246. doi: 10.1111/jgs.13702.