

Polypharmacy: Use of Multiple Anticholinergic (ACH) Medications in Older Adults (POLY-ACH)

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

In 2023, the American Geriatrics Society (AGS) released an update to the Beers Criteria with a comprehensive list of medications that should potentially be avoided or used with caution in older adults. PQA (Pharmacy Quality Assurance) recently updated the Poly-ACH measure to align with these updates for patients ≥ 65 years old taking 2 or more anticholinergic medications with 30 or more days of use. In this population, patients may experience Anticholinergic medication side effects due to reduction in drug clearance associated in older patients. Poly-ACH is a new Stars measure for measurement year 2025.

Anticholinergic medications can cause the following side effects:

- dry mouth/eyes
- impaired cognition
- urinary retention
- sedation
- delirium
- risk of falls

Measurement year:

January 1st through December 31st

Numerator:

Concurrent use of ≥ 2 ACH medications, each with 2 or more fills.

Denominator:

Patients ≥ 65 years old with 2 or more fills for same ACH medication.



Exclusion:

Patients in hospice care

Results:

These measures aim to reduce the use of these combinations of medications in the older adult population, for which serious safety concerns have been documented.

Tips for success:

- Review indications and duration of each ACH medication and identify which are higher risk for patient.
- Review which medication has led to a fall or an increased risk of a fall.
- Discuss with patient starting nonpharmacological interventions or other medication alternatives.
- Monitor progress/follow-up and taper down if taken long-term or high dose.
- Perform a mini mental examination (MME) if suspicion of impaired cognitive function.

Drug Category	Drugs	Medicare Formulary Preferred Alternative
Antiparkinsonian Agents	Benztropine, Trihexyphenidyl	Pramipexole IR, Ropinirole IR
Antipsychotic Agents	Chlorpromazine, Clozapine, Loxapine, Olanzapine, Perphenazine, Thioridazine, Trifluoperazine	Low-dose Nonanticholinergic antipsychotics (e.g. Aripiprazole, Risperidone ^{QL} , Ziprasidone ^{QL})
Antidepressant Agents	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin >6 mg/d, Imipramine, Nortriptyline, Paroxetine, Protriptyline, Trimipramine	SSRI ^{QL} (except Paroxetine), SNRI ^{QL} , Bupropion ^{QL} , Mirtazapine ^{QL} , Trazodone. For nerve pain: Gabapentin, Pregabalin IR ^{QL} or Lidocaine patch ^{QL, PA}
Antiemetic Agents	Prochlorperazine, Promethazine	Ondansetron ^{PA, QL}
First-generation Antihistamine Agents	Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Dimenhydrinate, Diphenhydramine oral, Doxylamine, Hydroxyzine, Meclizine, Pyrilamine, Triprolidine	Intranasal normal saline (Fluticasone ^{QL} , Mometasone ^{QL} , Flunisolide ^{QL}). Second-generation antihistamine (Levocetirizine, Cetirizine, Desloratadine ^{QL}). Steroid nasal spray (Fluticasone ^{QL} , Mometasone ^{QL} , Flunisolide ^{QL})
Antiarrhythmic Agent	Disopyramide	
Antimuscarinic Agent	Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trosipium	Myrbetriq ^{QL} (Mirabegron), Gemtesa ^{QL} (Vibegron)
Antispasmodic Agent	Atropine (except ophthalmic), Belladonna alkaloids, Clidinium-Chlordiazepoxide, Dicyclomine, Homatropine (except ophthalmic), Hyoscyamine, Methscopolamine, Propantheline, Scopolamine (except ophthalmic)	Constipation: Lactulose oral solution Diarrhea: Loperamide
Skeletal Muscle Relaxant Agents	Cyclobenzaprine, Orphenadrine	Acetaminophen, Ibuprofen ^{QL} , Naproxen, Celecoxib ^{QL} (consider add-on gastroprotective agent)

QL= quantity limit applies

PA= Prior Authorization