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Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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Notice of High Risk Medications Drug Alternative(s) Reference Guide- New 2015 Update to the AGS Beers Criteria

In order to better assist our providers to ensure optimal outcomes for our elderly members, IEHP provided the **High Risk Medication Drug Alternative(s) Guide**, which included the American Geriatrics Society (AGS) Beers Criteria recommendations and potentially safer alternatives.

If medically appropriate, please consider prescribing a safer alternative for your patients over 65 years old.

What are High-Risk Medications (HRMs)?

- HRMs, identified by the AGS Beers Criteria and the Pharmacy Quality Alliance, have been associated with poor health outcomes in the elderly, including cognitive impairment, falls and mortality.
- HRMs are best avoided in older adults (i.e. age \geq 65) in general.
- Both the Centers for Medicare and Medicaid Services (CMS) and the Healthcare Effectiveness Data and Information Set (HEDIS) have quality measures that focus on decreasing the use of HRMs in the elderly.

Summary of 2015 American Geriatrics Society Beers Criteria Update

- Guidance on avoiding a list of potentially inappropriate medications and 13 harmful drug-drug interactions for people aged 65 and older
- List of 20 medications to avoid or adjust based on kidney function
- Precautions on three new medications and 2 new drug classes for the elderly with specific medical conditions

Below is a quick reference table that lists some of the commonly prescribed HRMs and potentially safer alternatives. For a more complete reference guide, please refer to the following:

- www.iehp.org/pharmacy → Clinical Information → High Risk Medications → **IEHP High Risk Medication: Drug Alternative(s) Reference Guide**
- www.americangeriatrics.org → 2015 AGS Beers Criteria

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Commonly Prescribed HRMs	Clinical Concerns/Risk¹	Beers Recommendation¹	<u>Medicare Formulary Alternatives</u>
zolpidem, zaleplon, Lunesta	Similar adverse events to benzodiazepines in older adults (e.g., delirium, falls, fractures); minimal improvement in sleep latency and duration	Avoid	<ul style="list-style-type: none"> ▪ trazodone ▪ ramelteon (Rozerem®) ▪ temazepam
glyburide	Higher risk of severe prolonged hypoglycemia in older adults	Avoid	<ul style="list-style-type: none"> ▪ glimepiride ▪ glipizide
megestrol	Minimal effect on weight; increased risk of thrombotic events and possibly death in older adults	Avoid	Treatment of cachexia: <ul style="list-style-type: none"> ▪ oxandrolone, dronabinol
Estrogens with or without progestins (oral and topical patch)	Evidence of carcinogenic potential (breast and endometrium); lack of cardioprotective effect and cognitive protection in older women. Evidence indicates that vaginal estrogens for the treatment of vaginal dryness are safe and effective	Avoid oral and topical patch.	<ul style="list-style-type: none"> ▪ conjugated estrogen vaginal cream (Premarin®)
amitriptyline, clomipramine, doxepin, imipramine, trimipramine	Highly anticholinergic, sedating, and causes orthostatic hypotension; safety profile of low-dose doxepin (≤ 6 mg/d) comparable with that of placebo	Avoid	Alternative TCA: <ul style="list-style-type: none"> ▪ nortriptyline Depression: <ul style="list-style-type: none"> ▪ citalopram, fluoxetine, paroxetine, sertraline, venlafaxine, bupropion Neuropathic Pain: <ul style="list-style-type: none"> ▪ pregabalin (Lyrica®), gabapentin, duloxetine OCD: <ul style="list-style-type: none"> ▪ fluoxetine, fluvoxamine, sertraline
nitrofurantoin	Potential for pulmonary toxicity, hepatotoxicity, and peripheral neuropathy, especially with long term use; safer alternative available	Avoid in patients with CrCl $<$ 30mL/min or for long term bacteria suppression	UTI: <ul style="list-style-type: none"> ▪ SMX/TMP ▪ ciprofloxacin, levofloxacin ▪ cephalexin, cefuroxime

References:

1. The 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* 63:2227-2246, 2015.