

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.