

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults

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At Wellcare, we value everything you do to deliver quality care to our members — your patients. We appreciate your commitment to their positive health care experience.

POLY-ACH measure

The POLY-ACH measure in the Centers for Medicare & Medicaid Services (CMS) Star Ratings uses concurrent use of two or more anticholinergic medications for a significant period to evaluate health plans.

Quality measure	Description
Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)	Percentage of patients ages 65 years or older with concurrent use of two or more unique anticholinergic medications for 30 cumulative days.
POLY-ACH Exclusions	Patients enrolled in hospice.
Who qualifies for the measure?	Members, ages 65 years and older, with at least two prescription claims for the same anticholinergic medication with different dates of service.
Who is considered to be non-compliant with the measure?	Members who have at least two prescription claims of at least two unique anticholinergic medications with 30 days of overlapping use.

Action

We have listed applicable therapeutic categories and anticholinergic medications on the next page for easy reference. **Please consider avoiding initial use of multiple anticholinergic medications in the elderly and discontinue medications, as appropriate.**

*Note: This is **not** an all-inclusive list.*

(continued)

Category	Medications	Recommended alternatives
Antihistamines	Brompheniramine Doxylamine Hydroxyzine	For allergies: <ul style="list-style-type: none"> Intranasal steroids: fluticasone 50 mcg spray, flunisolide 0.025% spray Second generation antihistamines: levocetirizine 5 mg tab, desloratadine 5 mg tab Eye antihistamines: azelastine 0.05% drops, olopatadine 0.1% drops Nasal antihistamines: azelastine 0.1% and 0.15% nasal spray, olopatadine 665 mcg nasal spray Intranasal saline: Ocean[®] nasal spray (over-the-counter (OTC)) For sleep aid: melatonin, sleep hygiene strategies <ul style="list-style-type: none"> Non-BEERS list sleep medications (doxepin 3 mg and 6 mg tab, Belsomra[®]) For anxiety: SSRI or SNRI, buspirone, mirtazapine, bupropion, non-pharmacologic treatment
Antiemetics	Prochlorperazine Promethazine	Serotonin 5-HT ₃ receptor antagonists (e.g., ondansetron)
Antidepressants	Paroxetine Amitriptyline Nortriptyline	SSRIs and SRNIs (e.g., escitalopram, fluoxetine, sertraline, venlafaxine ER), mirtazapine, and bupropion If for neuropathic pain: duloxetine
Skeletal muscle relaxants	Cyclobenzaprine Orphenadrine	Formulary muscle relaxants: baclofen 10 mg and 20 mg tab, tizanidine tablet For pain: Tylenol [®] [acetaminophen] (OTC), Aleve [®] [naproxen] (OTC) + PPI (for gastroprotection) Non-pharmacologic treatment: physical therapy, heat, stretching
Antipsychotics	Chlorpromazine Clozapine Olanzapine	General recommendation: avoid antipsychotics for dementia or delirium unless there's a severe risk; try non-drug options first. <ul style="list-style-type: none"> Safer drugs with some evidence include SSRIs (e.g., citalopram, sertraline) or anticonvulsants (e.g., carbamazepine) When antipsychotic use is unavoidable, use agents such as quetiapine and risperidone at the lowest effective dose and regularly reassess the need for continuation
Antimuscarinics	Oxybutynin Darifenacin Trospium	Non-pharmacologic: bladder training, pelvic floor exercises



We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference

The American Geriatrics Society, Beers M. A Pocket Guide to the 2023 AGS Beers Criteria, 2023. [gwep.usc.edu/wp-content/uploads/2023/11/AGS-2023-BEERS-Pocket-PRINTABLE.pdf](https://www.gwep.usc.edu/wp-content/uploads/2023/11/AGS-2023-BEERS-Pocket-PRINTABLE.pdf)