

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults

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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 age 65 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?	Patients, age 65 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?	Patients 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.**

(continued)

Category	Medications	Recommended alternatives
Antihistamines	Brompheniramine Doxylamine Hydroxyzine	<p>For allergies:</p> <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, cromolyn 4% drops Nasal antihistamines: ipratropium 21 mcg and 42 mcg nasal spray and azelastine 137 mcg nasal spray Intranasal saline: Ocean[®] nasal spray (over-the-counter (OTC)) <p>For sleep aid: melatonin, sleep hygiene strategies</p> <ul style="list-style-type: none"> Non-BEERS list sleep medications (doxepin 3 mg and 6 mg tab, Belsomra[®]) <p>For anxiety: Selective serotonin reuptake inhibitors (SSRIs)¹ or serotonin-norepinephrine reuptake inhibitors (SNRIs), buspirone, mirtazapine, bupropion, non-pharmacologic treatment</p>
Antiemetics	Prochlorperazine Promethazine	Serotonin 5-HT ₃ receptor antagonists (e.g., ondansetron)
Antidepressants	Paroxetine Amitriptyline Nortriptyline	SSRIs ¹ and SRNIs (e.g., escitalopram, fluoxetine, sertraline, venlafaxine ER), mirtazapine and bupropion
		If for neuropathic pain: duloxetine
Antiparkinsonian agents	Benzotropine Trihexyphenidyl	Amantadine, carbidopa/levodopa, pramipexole, ropinirole
Antispasmodic agents	Dicyclomine Diphenoxylate/Atropine Scopolamine	<p>Constipation: lactulose oral solution, polyethylene glycol powder (OTC)</p> <p>Diarrhea: loperamide</p>
Skeletal muscle relaxants	Cyclobenzaprine Orphenadrine	<p>Formulary muscle relaxants: baclofen 10 mg and 20 mg tab, tizanidine tablet. These medications increase risk for falls and fractures. Lowest effective dose and ongoing reassessment for need is essential.</p> <p>For pain: Tylenol[®] [acetaminophen] (OTC), Aleve[®] [naproxen] (OTC) + PPI (for gastroprotection)</p> <p>Non-pharmacologic treatment: physical therapy, heat, stretching</p>
Antipsychotics	Chlorpromazine Clozapine Olanzapine	<p>General recommendation: avoid antipsychotics for dementia or delirium unless there's a severe risk; try non-drug options first.</p> <ul style="list-style-type: none"> Safer drugs with some evidence include SSRIs¹ (e.g., escitalopram, 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

¹SSRIs increase the risk of hyponatremia, particularly when used in combination with other medications that cause hyponatremia.