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Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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The Centers for Medicare and Medicaid Services (CMS) developed performance and quality measures to help Medicare beneficiaries make informed decisions regarding health and prescription drug plans. As part of this effort, CMS adopted measures for High Risk Medication (HRM) endorsed by the Pharmacy Quality Alliance (PQA) and the National Quality Forum (NQF). The HRM was developed using existing HEDIS measurement “Drugs to be avoided in the elderly”. The HRM rate analyzes the percentage of Medicare Part D beneficiaries 65 years or older who have received prescriptions for drugs with a high risk of serious side effects in the elderly.

In order to advance patient safety, IEHP will be identifying members over 65 and currently on one of the medications identified in Table 1. Providers will be receiving a list of these members from IEHP on an ongoing basis. IEHP asks providers to review the member’s current drug regimen and safety risk then make any appropriate changes when applicable.

Table 1: Medications identified by CMS to be high risk in the elderly:

Drug Class	Drug	Safety Concerns	IEHP Formulary Alternative(s)
Anti-anxiety (includes combinations medications)	Aspirin/meprobamate Meprobamate Chlordiazepoxide Diazepam flurazepam	Dependence, sedation, confusion, fracture, respiratory depression in COPD	Short acting benzodiazepines – alprazolam & lorazepam Buspirone
Anti-emetics	Scopolamine Trimethobenzamide	Poor efficacy, extrapyramidal side effects	Ondansetron
Analgesic (includes combination medications)	Ketorolac	GI Bleeding	<u>Mild Pain:</u> APAP Short Acting NSAID
	Propoxyphene Pentazocine Belladonna Meperidine	Confusion, fall, fracture, dependency	<u>Mod-Severe Pain:</u> Vicodin Percocet Morphine
Antihistamines (includes	Cyproheptadine Dexchlorpheniramine	Anticholinergic side effects, urine retention,	Cetirizine Loratadine

combination medications)	Diphenhydramine hydroxyzine Promethazine	confusion, sedation	
Antipsychotics, typical	Thioridazine	Lower seizure threshold, CNS side effects, increased extrapyramidal side effects	Risperidone
Amphetamines	Dextroamphetamine Lisdextroamphetamine Diethylpropion Methylphenidate Phentermine	Dependence, hypertension, myocardial ischemia, CNS stimulation (agitation, insomnia)	<u>Weight loss:</u> Diet and lifestyle modification <u>Depression:</u> SSRI
Barbituates	Butabarbital Pentobarbital Phenobarbital Secobarbital	Dependence, fall, fracture, confusion	<u>Insomnia:</u> Zolpidem Zaleplon
Calcium Channel Blocker	Nifedipine – short acting only	Hypotension, constipation	Nifedipine ER
Gastrointestinal antispasmodics	Dicyclomine Propantheline	Anticholinergic effects, urinary retention, incontinence, questionable efficacy	Diet Change (increase fiber intake) Docusate Loperamide
Skeletal muscle relaxants (includes combination medications)	Orphenadrine Carisoprodol Methocarbamol Chlorzoxazone Cyclobenzaprine Metaxalone	Anticholinergic side effects, sedation, cognitive impairment, weakness, urine retention	Baclofen Tizanidine
Oral Estrogens (includes combination medications)	Conjugated estrogens Esterified estrogens Estropipate	Breast and Endometrial Cancer, not cardioprotective	<u>Hot Flashes:</u> SSRI, non-drug therapy <u>Bone Density:</u> Calcium + Vitamin D
Oral hypoglycemics	Chlorpropamide	Prolonged hypoglycemia, SIADH	Glimepiride Glipizide
Vasodilator	Dipyridamole – short acting only	Ineffective for stroke and dementia	Low dose aspirin
	Ergot mesyloid	Unproven efficacy	Donepezil
Others	Methyltestosterone	Prostatic Hyperplasia	None
	Nitrofurantoin	Nephrotoxicity	Depends on infection

*Medication list based on HRM report provided by CMS. Combination products were not included, but can be found on the full list available at: www.ncqa.org

Please feel free to contact IEHP Pharmaceutical Services Department at 909-890-2049, if you have any questions.

Sincerely,

IEHP Pharmaceutical Services Team