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POLY-ACH & COB

Member Talking Points for Improving Measure Performance

What are the Measures?

Poly-ACH	**Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)** The percentage of Medicare Part D beneficiaries 65 years or older with concurrent use of two or more unique anticholinergic medications during the measurement period. Patients included in the numerator have filled two or more unique anticholinergic medications, each with two or more fills, with **overlapping** or concurrent use for 30 or more cumulative days in measurement year. 30+ days of overlapping 2+ unique anticholinergic medications (≥2 claims each) / 2+ prescription claims of the same anticholinergic medications Exclusion: Hospice
COB	**Concurrent Use of Opioids and Benzodiazepines (COB)** The percentage of Medicare Part D beneficiaries 18 years and older with concurrent use of prescription opioids and benzodiazepines during the measurement period. Patients included in the numerator have filled two or more benzodiazepine prescriptions on different days of service AND have **overlapping** opioid prescription(s) for 30 or more days. [2+ Benzos AND 2+ opioids] overlapping for 30+ days / 2+ opioids (15+ days' supply) Exclusions: Hospice, palliative care, cancer and sickle cell disease

Why is it important to contact your patients about these quality measures?

Poly-ACH	The American Geriatrics Society recommends minimizing the use of anticholinergic medications. The use of more than one medication with anticholinergic properties increases the risk of cognitive decline, delirium and falls or fractures.
COB	The American Geriatrics Society recommends avoiding the combination of opioids and benzodiazepines because it can increase the risk of overdose and adverse side effects such as sleepiness, drowsiness, slow or difficulty breathing, confusion and falls.

If a patient is interested in taking alternative medication(s), consult on the following:

Poly-ACH or COB	Advise the member that they should speak to their doctor or clinical pharmacist so they can help the member: 1) understand what condition the medication is treating 2) explain potential adverse side effects 3) analyze risks and benefits of continuing treatment 4) help them decide which medications are appropriate to stop or switch to a safer alternative

Tips for prescribers

Poly-ACH or COB	• Limit duration of new prescriptions for anticholinergics, opioids, or benzodiazepines to the shortest day supply (less than 30 days). • Review indication and duration for each anticholinergic medication, opioid or benzodiazepine at every visit and discontinue any medication in which potential harm outweighs the benefits (taper if necessary). • Discuss the benefits, risks and availability of safer alternatives. • Maximize non-pharmacological treatment options (e.g., cognitive behavioral therapy, PT). • Educate the patient on risks and side effects of using multiple anticholinergic medications (such as cognitive decline, blurry vision and increased fall risk), risks of concurrent use of opioids and benzodiazepines (such as profound sedation, respiratory depression, coma and even death) and what to do if side effects appear. • Provide rescue medication (e.g., naloxone) for patients using opioids. • Reduce polypharmacy: deprescribe when possible. For every additional medication, a person's risk of suffering an adverse drug event increases by 7-10%.

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Which medications fall into each measure?

	Drug Class	Anticholinergic Agents ***AVOID & STOP THESE***	Non-Anticholinergic Alternatives & SCAN Coverage ***USE THESE*** *~OTCs not covered~*
Poly-ACH Anticholinergic medications include:	**Antihistamines**	• brompheniramine • chlorpheniramine • cyproheptadine • dimenhydrinate • diphenhydramine (oral) • doxylamine • hydroxyzine • meclizine • triprolidine	• Intranasal normal saline (OTC) • levocetirizine (T2) • desloratadine (T2) • cetirizine (OTC) • fluticasone nasal (T2) • flunisolide nasal (T2) • mometasone nasal (T3)
	Antiparkinsonian agents	• benztropine • trihexyphenidyl	• pramipexole IR (T2) • ropinirole IR (T2)
	Skeletal muscle relaxants	• cyclobenzaprine • orphenadrine	• acetaminophen (OTC) • celecoxib (T2) • ibuprofen (T1 & OTC) • naproxen (T1 & OTC)
	Antidepressants*	• amitriptyline • amoxapine • imipramine • clomipramine • desipramine • doxepin (>6 mg/day) • nortriptyline • paroxetine	• escitalopram (T2) • sertraline (T1) • duloxetine (T2) • desvenlafaxine succ ER (T3)
	Antipsychotics*	• chlorpromazine • clozapine • loxapine • olanzapine • perphenazine • thioridazine • trifluoperazine	• aripiprazole tabs & solution (T3) • risperidone (T2) • ziprasidone (T2)
	Antiarrhythmic	• disopyramide	• diltiazem tabs ER caps (T2) • verapamil ER (T2) & IR (T1)
	Antimuscarinics	• darifenacin • fesoterodine • flavoxate • oxybutynin • solifenacin • tolterodine • trospium	• Myrbetriq® (mirabegron) (T3) • Gemtesa® (videgron) (T4)
	Antispasmodics	• atropine (excludes ophthalmic) • clidinium-chlordiazepoxide • dicyclomine • homatropine (excludes ophthalmic) • hyoscyamine • scopolamine (excludes ophthalmic)	• For constipation: lactulose oral solution (T2) • For diarrhea: loperamide (capsules – T2, tablets – OTC)
	*Consider tapering to avoid symptom recurrence and discontinuation syndromes		

	Opioids*		Benzodiazepines	
COB	• Buprenorphine • Codeine • Fentanyl • Hydrocodone • Hydromorphone	• Methadone • Morphine • Oxycodone • Oxymorphone • Tramadol	• Alprazolam • Chlordiazepoxide • Clonazepam • Diazepam	• Lorazepam • Temazepam • Triazolam
	*Includes combination products. Excludes injectable formulations and buprenorphine products used to treat opioid use disorder.			

Resources

[1] By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023;71(7):2052-2081. doi:10.1111/jgs.18372

[2] Lown Institute. (2019). Medication overload and older Americans. Lown Institute. https://lowninstitute.org/projects/medication-overload-how-the-drive-to-prescribe-is-harming-older-americans/

[3] Pharmacy Quality Alliance: PQA Measure Overview. https://www.pqaalliance.org/assets/Measures/PQA_Measures_Overview.pd