

Use of High-Risk Medications in Older Adults (DAE)

Measure Description

The percentage of Medicare members 67 years of age and older who had at least two dispensing events for the same high-risk medication. Two rates and a total rate are reported:

Rate 1: The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.

Rate 2: The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.

Total Rate: The sum of the two numerators divided by the denominator, deduplicating for members in both numerators.

Note: The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all, but specific indications is potentially inappropriate (Rate 2). A lower rate represents better performance.

Product Line: Medicare

Medications

Rate 1 - High Risk Medications

Description	Prescription
Anticholinergics, First-Generation Antihistamines	Brompheniramine, Chlorpheniramine, Cyproheptadine, Dimenhydrinate, Diphenhydramine (Oral), Doxylamine, Hydroxyzine, Meclizine, Promethazine, Pyrilamine, Triprolidine
Anticholinergics, anti-Parkinson agents	Benzotropine (oral), Trihexyphenidyl
Antispasmodics	Atropine (Exclude Ophthalmic), Chlordiazepoxide-clidinium, Dicyclomine, Hyoscyamine, Scopolamine
Anti-Parkinson Agents	Benzotropine (Oral), Trihexyphenidyl
Antithrombotics	Dipyridamole (Oral Short Acting)
Cardiovascular, Alpha Agonists, central	Guanfacine
Cardiovascular, Other	Nifedipine (Excluding Extended Release)
Central nervous system, antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Imipramine, Nortriptyline, Paroxetine
Central nervous system, barbiturates	Butalbital, Pentobarbital, Primidone
Central nervous system, vasodilators	Ergoloid Mesylates
Endocrine system - Estrogens	Conjugated Estrogen, Esterified Estrogen, Estradiol, Estropipate
Endocrine system - Sulfonylureas	Glimepiride, Glyburide,

Hypnotics, Nonbenzodiazepine	Eszopiclone, Zaleplon, Zolpidem
Pain Medications, Skeletal Muscle Relaxants	Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine
Pain Medications, Other	Indomethacin, Ketorolac (Includes Parenteral), Meperidine
Central Nervous System, Other	Meprobamate
Endocrine System, Other	Desiccated thyroid, Megestrol

Rate 1 - High-Risk Medication with > 90-day Supply Criteria

Description	Prescription
Anti-Infectives	Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate

Rate 1 - High-Risk Medication with Average Daily Dose Criteria

Description	Prescription	Average. Daily Dose Criteria
Cardiovascular, other	Digoxin	> 0.125 mg/day
Tertiary TCAs	Doxepin	> 6 mg/day

Rate 2 - High-Risk Medications Based on Prescription and Diagnosis Data

Description	Prescription
Antipsychotics	Aripiprazole, Aripiprazole lauroxil, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimavanserin, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone
Benzodiazepines	Alprazolam, Chlordiazepoxide, Clobazam, Clonazepam, Clorazepate, Diazepam, Estazolam, Lorazepam, Midazolam, Oxazepam, Temazepam, Triazolam

Ways Providers can Improve HEDIS® Performance

- Weigh the following risks and benefits of prescribing certain drugs more than once per year for elderly patients:
 - Certain CNS active drugs, anticholinergic drugs, and *Z-drug sleep aids (*more than 90 days).
 - Oral and topical patch estrogens, *nitrofurantoin (*more than 90 days), and certain thyroid drugs.
 - Sulfonylurea class antidiabetics (chlorpropamide, glimepiride, glyburide).
 - Muscle relaxant drugs and other certain drugs used to treat pain (indomethacin, ketorolac, meperidine)

Ways Health Plans can Improve HEDIS® Performance

- Audit, identify, and educate top 10 providers who have prescribed high-risk medications.
- Educate members on risk of combining certain medications.
- Communicate with a member's providers to ensure health information is up to date prior to new prescriptions.
- Provide follow-up care management for older adults prescribed multiple medications and monitor members for signs of adverse drug effects.
- Reconcile current medications when engaging with members and alert providers of changes.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members receiving palliative care at any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (POS: 81).

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