

# Alameda Alliance Wellness Measure Tip Sheet



## Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance and strategies to help clinical teams improve performance on Part D pharmacy measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at [DeptStarsTeam@alamedaalliance.org](mailto:DeptStarsTeam@alamedaalliance.org).

**Measure Description:** This measure evaluates Medicare beneficiaries who are 65 years of age or older with concurrent use of two (2) or more unique anticholinergic (ACH) medications during the measurement year.

**Measure Compliance (numerator):** Members from the eligible population who have at least two (2) or more distinct ACH medications, with an overlap of 30 or more days. A lower rate indicates better performance.

**Measure Population (denominator):** Members 65 years or older, with at least two (2) claims for the same anticholinergic medication during the measurement year.

**Exclusions:** The following members are excluded from the denominator if at any time during the measurement period:

- Hospice

### Medications Included in the Measure

Drug Class	Drug name	Recommended Alternatives (over-the-counter not covered)
Antidepressants	Amitriptyline, Clomipramine, Doxepin (>6 mg/day), Nortriptyline, Paroxetine	<ul style="list-style-type: none"><li>• Escitalopram, sertraline</li><li>• Duloxetine, Desvenlafaxine, Venlafaxine</li></ul>
Antihistamines	Diphenhydramine(oral), Doxylamine, Hydroxyzine, Meclizine	<ul style="list-style-type: none"><li>• Second-generation antihistamines (e.g., levocetirizine, loratadine, cetirizine)</li><li>• Intranasal normal saline</li><li>• Intranasal steroid</li></ul>
Antimuscarinics	Oxybutynin, Darifenacin, Trospium	<ul style="list-style-type: none"><li>• Mirabegron</li><li>• Vibegron</li></ul>
Anti-nausea	Prochlorperazine, Promethazine, Scopolamine	<ul style="list-style-type: none"><li>• Ondansetron, palonosetron</li></ul>

Drug Class	Drug name	Recommended Alternatives (over-the-counter not covered)
Antiparkinsonian agents	Amantadine, Benztropine, Trihexyphenidyl	<ul style="list-style-type: none"> <li>• Carbidopa/Levodopa</li> <li>• Pramipexole, Ropinirole</li> <li>• Selegiline, Rasagiline</li> <li>• Entacapone</li> </ul>
Antipsychotics	Chlorpromazine, Clozapine, Olanzapine	Avoid antipsychotics for behavioral problems of dementia or delirium unless behavioral interventions have failed.
Skeletal Muscle Agents	Carisoprodol, Cyclobenzaprine, Methocarbamol	<ul style="list-style-type: none"> <li>• Baclofen (eGFR &gt;60)</li> <li>• Ibuprofen, Naproxen (short term)</li> <li>• Acetaminophen</li> </ul>

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

### How to Improve Your Stars Performance

- Review indication and duration for each anticholinergic medication and discontinue medications where potential harm outweighs the benefit. Discuss benefits, risks, and safer alternatives with patients.
- Keep in mind over-the-counter drugs such as Diphenhydramine (Benadryl) during your medication reconciliation.
- When conducting a medication reconciliation, look for any prescribing cascade.
  - o For example: If a prescriber prescribes Donepezil and your patient experiences incontinence, prescribers may prescribe Oxybutynin to help counter the incontinence without realizing that this is a side effect of Donepezil. Another example is prescribing antiparkinsonian drugs to counter the side effects of an antipsychotic.
- Educate patients on the risk of side effects using multiple anticholinergic medications.