

MVP's Medicare Stars Ratings: High Risk Medications



The Center for Medicare and Medicaid Services (CMS) uses the Star Rating System to evaluate Medicare Advantage health plans as well as their networks of physicians and other healthcare providers. These Star Ratings (from one to five stars, with more stars indicating higher quality) impact the reimbursement that plans receive from CMS to pay for member benefits and provider services.

One of the clinical quality indicators that CMS has included in the Medicare star rating program is High Risk Medications (HRM). This is defined as the number of MVP Medicare Advantage beneficiaries 65 years or older that received prescription fills for drugs with a high risk of serious side effects in the elderly.

MVP has created a high risk medication report by prescriber for the most frequently prescribed medications that may cause harm in the elderly population. The report contains the members name, medication prescribed, quantity dispensed, date of last fill and the pharmacy where the medication was filled. The goal of the report is make the prescriber aware of these medications and offer alternative that may be better alternative if clinical appropriate in the elderly population.

Below is a list of medications that are considered high risk by The Centers for Medicare and Medicaid (CMS), The American Geriatrics Society and the National Committee for Quality Assurance (NCQA). Please note that the CMS HRM rate is calculated using a subset of these medications.

Drug Classification	High-Risk Medications	Reason for Risk	Alternatives
Alpha1-adrenergic antagonists	<ul style="list-style-type: none"> doxazosin prazosin terazosin 	High risk of orthostatic hypotension.	<ul style="list-style-type: none"> Alternative benign prostatic hyperplasia (BPH) agents (tamsulosin, alfuzosin, finasteride, dutasteride). Alternative agents for hypertension (diuretic, beta blocker, long-acting calcium channel blocker, angiotensin converting enzyme inhibitor, angiotensin receptor blocker).
Alpha-adrenergic agonists (centrally-acting)	<ul style="list-style-type: none"> clonidine guanfacine methyldopa 	High risk of Central Nervous System effects; may cause bradycardia and orthostatic hypotension.	Alternative agents for hypertension (diuretic, beta blocker, long-acting calcium channel blocker, angiotensin converting enzyme inhibitor, angiotensin receptor blocker).

MVP's Medicare Stars Ratings: High Risk Medications *(continued)*



Drug Classification	High-Risk Medications	Reason for Risk	Alternatives
Analgesics	<ul style="list-style-type: none"> ketorolac indomethacin 	Increased risk of gastrointestinal bleeding.	Acetaminophen, short-term celecoxib. Moderate or severe pain: opioid analgesic combinations.
Anti-depressants (tricyclic)	<ul style="list-style-type: none"> amitriptyline clomipramine doxepin imipramine 	Highly anticholinergic, sedating and risk of orthostatic hypotension.	Desipramine, nortriptyline or alternative class of antidepressants (selective serotonin reuptake inhibitor, serotonin-norepinephrine reuptake inhibitor).
Androgen/anabolic steroids	<ul style="list-style-type: none"> methyl testosterone testosterone 	Potential for cardiac problems and contraindicated in men with prostate cancer.	Avoid unless indicated for moderate to severe hypogonadism.
Antihistamines	<ul style="list-style-type: none"> cyproheptadine dexchlorpheniramine diphenhydramine hydroxyzine promethazine 	Highly anticholinergic; increased risk of confusion, dry mouth, constipation and other anticholinergic effects.	Cetirizine, desloratadine, fexofenadine, loratadine, levocetirizine.
Antiparkinson agents	<ul style="list-style-type: none"> benztropine trihexyphenidyl 	Highly anticholinergic; not recommended for prevention of extrapyramidal symptoms with antipsychotics.	No preferred agents exist; perform risk to benefit assessment.
Antipsychotics	<ul style="list-style-type: none"> first generation second generation 	Increased risk of stroke and greater rate of cognitive decline and mortality in persons with dementia.	Olanzapine*, quetiapine*, risperidone*, haloperidol * for use in patients with schizophrenia only; avoid use in behavioral problems of dementia unless all other non-pharmacological options have failed.

MVP's Medicare Stars Ratings: High Risk Medications (continued)



Drug Classification	High-Risk Medications	Reason for Risk	Alternatives
Antianxiety	<ul style="list-style-type: none"> meprobamate 	Highly sedating and a high risk of physical dependence.	Buspirone, paroxetine, escitalopram, duloxetine, venlafaxine ER.
Barbiturates	<ul style="list-style-type: none"> butabarbital butalbital mephobarbital pentobarbital phenobarbital secobarbital 	High rate of physical dependence; risk of falls, confusion and cognitive impairment; risk of overdose at low dosages.	<ul style="list-style-type: none"> No preferred barbiturates exist; perform risk to benefit assessment. Alternative antiseizure agents if being used for seizures. Consider short-term/intermittent use of ramelteon, zolpidem, zaleplon or eszopiclone if being used for insomnia.
Benzodiazepines	<p>short/intermediate-acting</p> <ul style="list-style-type: none"> alprazolam clonazepam lorazepam oxazepam temazepam triazolam <p>long-acting</p> <ul style="list-style-type: none"> chlordiazepoxide diazepam flurazepam 	Older adults have increased sensitivity to benzodiazepines and decreased metabolism of long-acting agents. Prolonged sedation and confusion leading to increased risk of falls, fractures and motor vehicle accidents.	<ul style="list-style-type: none"> Buspirone, paroxetine, escitalopram, duloxetine, venlafaxine ER if being used for anxiety. Consider short-term/intermittent use of ramelteon, zolpidem, zaleplon or eszopiclone if being used for insomnia. Alternative antiseizure agents if being used for seizures Benzodiazepines are typically excluded from Medicare Part D benefits; enhanced plans will cover benzodiazepines for limited indications in 2013.
Calcium channel blockers	<ul style="list-style-type: none"> nifedipine (short-acting) 	Increased risk of hypotension, myocardial ischemia.	Long-acting nifedipine, other calcium channel blocker or alternative agents for hypertension (diuretic, beta blocker, angiotensin converting enzyme inhibitor, angiotensin receptor blocker).

MVP's Medicare Stars Ratings: High Risk Medications *(continued)*



Drug Classification	High-Risk Medications	Reason for Risk	Alternatives
Cardiac Glycosides	<ul style="list-style-type: none"> • digoxin 	Atrial fibrillation-should not be used as first-line because more-effective alternatives exist Heart failure-questionable effects on risk of hospitalizations and may be associated with increased mortality.	Atrial fibrillation-nondihydropyridine calcium channel blocker, beta-blocker Heart failure-ARB, ACEI, beta-blocker.
Gastrointestinal antispasmodics	<ul style="list-style-type: none"> • atropine • clidinium-chlordiazepoxide • dicyclomine • hyoscamine • propantheline • scopolamine 	Highly anticholinergic adverse effects, uncertain effectiveness.	No preferred agents exist; perform risk to benefit assessment.
Narcotics	<ul style="list-style-type: none"> • meperidine • pentazocine 	CNS adverse effects including confusion and hallucinations; not effective at commonly prescribed dosages, neurotoxicity	Fentanyl patch, hydrocodone, morphine, oxycodone.
Nonbenzodiazepine Hypnotics	<ul style="list-style-type: none"> • zolpidem • zaleplon • eszopiclone 	Similar adverse events to those of benzodiazepines in older adults (delirium, falls); minimal improvement in sleep latency and duration.	Rozerem

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Drug Classification	High-Risk Medications	Reason for Risk	Alternatives
Oral estrogens	<ul style="list-style-type: none"> • conjugated estrogen • esterified estrogen • estropipate • estrogen/progesterone combination 	Evidence of carcinogenic potential (breast and endometrial cancer), lack of cardioprotective effect and cognitive protection in older women.	<ul style="list-style-type: none"> • No preferred oral agents exist; perform risk to benefit assessment. • Topical vaginal estrogen creams for symptom relief safe and effective.
Oral hypoglycemics	<ul style="list-style-type: none"> • chlorpropamide • glyburide 	High risk of prolonged hypoglycemia in older adults.	Glipizide, glimepiride.
Prokinetics	<ul style="list-style-type: none"> • metoclopramide 	Risk of extrapyramidal effects including tardive dyskinesia.	<ul style="list-style-type: none"> • No preferred agents exist for gastroparesis; perform risk to benefit assessment. • Alternative agents for nausea/vomiting or gastroesophageal reflux disease (GERD) if being used for these conditions.
Skeletal muscle relaxants	<ul style="list-style-type: none"> • carisoprodol • chlorzoxazone • cyclobenzaprine • metaxalone • methocarbamol • orphenadrine 	Most muscle relaxants poorly tolerated by older adults because of anticholinergic adverse effects, sedation and increased risk of fractures.	Baclofen, tizanidine.
Thyroid hormones	<ul style="list-style-type: none"> • thyroid desiccated 	Cardiac adverse effects.	Levothyroxine.

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Drug Classification	High-Risk Medications	Reason for Risk	Alternatives
Urinary anti-infectives	<ul style="list-style-type: none"> • nitrofurantoin • nitrofurantoin macrocrystals • nitrofurantoin macrocrystal-monohydrate 	Potential of pulmonary toxicity, hepatotoxicity, and peripheral neuropathy; safer alternatives available. Avoid in individuals with CrCl<30mL/min	Sulfamethoxazole/trimethoprim, ciprofloxacin depending on infection.
Vasodilators	<ul style="list-style-type: none"> • dipyridamole (short-acting) • ergot mesyloid • isoxsuprine 	Orthostatic hypotension; more effective alternatives available.	Stroke prevention: aspirin, Plavix, Aggrenox Dementia: donepezil, galantamine, rivastigmine, Exelon.