



# Spectrum *of* Health

Dear Colleague:

Avoiding the use of high-risk medications in the elderly is a simple and effective strategy to reduce medication-related problems, adverse drug events and poor health outcomes in older adults. The BEERS Criteria offers the evidence and rationale for avoiding the use of potentially inappropriate medications (PIMs).

Physicians like you face challenging health issues when caring for older patients. The management of conditions like dementia, social behaviors, disordered sleep and complex cardiovascular conditions often lead prescribers to consider medications that meet the Beers Criteria as high risk or inappropriate medications. Our goal, like that of the American Geriatrics Society (AGS) is to limit exposure of our members to these high-risk medications (PIMs).<sup>1</sup>

**What does this mean for you?** Our goal is that you and other Healthfirst prescribers will use these high-risk drugs very carefully and adjusting the management of the patient's treatment to the medication with the lowest possible risk level.

Too many Healthfirst members are receiving high-risk medications as part of their routine treatment plan from our primary care and specialty providers. As a prescriber, you are the key advocate for ensuring that your patients are avoiding use of PIMs. This may mean changing your current practice for conditions that require an alternative drug to avoid the poor outcomes that may occur when these medications are used. In addition, flagging your health records or keeping a log to monitor any and all members on a drug meeting the BEERS Criteria will help ensure that your patients are avoiding use of PIMs. It can mean probing the reasons for use of these medications when prescribed by your peers—that is, reaching out to the writer of the script to discuss alternatives to the high-risk medication.

The evidence strongly argues against using any of the drugs listed on the table in this bulletin. If you have any questions, please contact me or a Healthfirst pharmacist for assistance.

I believe that working together we will lower the risk of adverse drug outcomes, falls, fractures, hospitalization, and death as a result of the prescribing of high-risk medications.

Warm regards,



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<sup>1</sup> American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. [http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria\\_JAGS.pdf](http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf). Accessed October 11, 2012.

Below is a list of the top high-risk medications filled by Healthfirst Medicare members like yours.

Healthfirst Top High-Risk Medications by Frequency			
Drug Name	Prescribed for	Risk of	Alternatives
<b>ZOLPIDEM</b> (> 90 day supply)	Insomnia	Risk of delirium, fall & risk of fractures esp when used for >90 days	Ramelteon
<b>NITROFURANTOIN</b> (> 90 day supply)	Urinary Tract infections	Pulmonary toxicity; lack of efficacy in patients with CrCl < 60 mL/min due to inadequate drug concentration in the urine	Trimethoprim or Methenamine hippurate
<b>HYDROXYZINE</b>	Pruritus/Adjunct Sedation	Can worsen confusion, dry mouth, constipation, tolerance develops	Cetirizine hcl or Levocetirizine dihydrochloride
<b>METHOCARBAMOL</b>	Muscle relaxant	Worsens delirium, sedation, risk of fracture, questionable effectiveness	Baclofen or Tizanidine hcl
<b>INDOMETHACIN</b>	Pain Management	Has most adverse effects of all NSAIDS. Increase risk of GI bleeding and PUD in high risk groups, such as patients >75 years	Celecoxib
<b>AMITRIPTYLINE</b>	Depression	Sedating and can cause orthostatic hypotension, can worsen constipation	Nortriptyline hcl
<b>CYCLOBENZAPRINE</b>	Muscle relaxant	Sedation, risk of fracture and questionable effectiveness	Baclofen or Tizanidine hcl
<b>GLYBURIDE</b>	Diabetes Management	Prolonged hypoglycemia	Glipizide
<b>MEGESTROL</b>	Loss of appetite, malnutrition, and severe weight loss	Minimal effect on weight; increases risk of thrombotic events and possibly death in older adults	Mirtazapine or Dronabinol
<b>BUTALB-ACETAMIN-CAFF</b>	Sedation	High rate of physical dependence; risk of overdose at low dose	Ramelteon
<b>PROMETHAZINE (alone or in combination with other medications)</b>	Antiemetic / antihistamine or antitussive in combination with other meds	Can worsen Parkinson's; greater risk of confusion, dry mouth, constipation, and other anticholinergic effects and toxicity	Meclizine hcl or Ondansetron hcl
<b>DIGOXIN</b> (>.125mg / day)	Heart Failure	Higher doses no additional benefit, slow renal clearance can led to toxic effects	Alternatives may not exist for a diagnosis. Serum digoxin levels should be monitored. <ul style="list-style-type: none"> <li>• Heart Failure – Serum Digoxin &lt;1.0 ng/mL (0.7-0.9ng/mL)</li> <li>• Atrial Fibrillation – Serum Digoxin &lt;2.0 ng/mL (1.5 – 2.0 ng/mL)</li> </ul>

### Resources:

The complete list of High Risk Medications can be found at The American Geriatrics Society (AGS) Beers Criteria 2012 website.  
[http://www.americangeriatrics.org/health\\_care\\_professionals/clinical\\_practice/clinical\\_guidelines\\_recommendations/2012](http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012)

The AGS also has a printable Beers Criteria pocket card for easy reference.

<http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf>

Beers Criteria Apps for Apple and Android devices are also available.