

Polypharmacy - Use of Multiple Anticholinergic Medications in Older Adults Part D Measure (Poly-ACH) – 1x weighting

New CMS Star measure for measurement year 2025

Definition:

Percentage of Medicare Part D beneficiaries ages 65 and older with concurrent use of 2 or more unique anticholinergic (ACH) medications each with at least 2 prescription claims on different dates of service during the measurement period. Concurrent use is defined as overlapping days' supply for at least 30 cumulative days during the measurement period. Lower rates represent better performance.

Compliance:

To be compliant with this measure, limit concurrent use of 2 or more anticholinergics to less than 30 cumulative overlapping days during the measurement period.

Exclusions: Members enrolled in hospice during the measurement period

Data Source: Part D benefit prescription drug claims

Best Practices:

- Identify patients currently taking or with recent history of 2 or more anticholinergic medications
- Evaluate safer alternatives to Poly-ACH medications
- If Poly-ACH medications cannot be avoided
 - Use the lowest possible dose, frequency and duration
 - Minimize overlapping treatment with other anticholinergic medications
 - Review indication, duration of therapy and consider if potential risk of continued therapy outweighs the benefit
 - Document acknowledgment of risk in the patient's medical record
- Educate the patient and/or care giver about the risks and side effects of taking multiple anticholinergic medications including risk of falls, drug interactions and cognitive decline
- Provide recommended actions to take, should the patient develop adverse drug events requiring further action, such as:
 - Constipation - increase your daily fiber intake (including foods like whole grains, fruits, vegetables and nuts), along with drinking plenty of fluids throughout the day.
 - Urine retention - empty your bladder fully and often. Contact your doctor if you have a hard time urinating.
 - Cognitive impairment - contact your doctor if you have a hard time remembering, focusing and/or completing daily routine tasks.
 - Dizziness – if dizziness occurs, sit down until the feeling passes. Move slowly when going from sitting to standing position (to reduce quick changes in blood pressure) to reduce the risk of dizziness. If needed, use a cane or a walker for mobility support, to minimize risk of falls. Contact your doctor if dizziness is severe and/or does not resolve quickly.

- Review medications at each visit and consider removal of anticholinergics or replacement with a clinical alternative, if appropriate
- Evaluate the patient holistically, discuss the treatment plan and options considering patient goals, current guidelines and co-morbid conditions

Poly-ACH Eligible Medications and Recommended Alternatives:

Drug Class	Medication	Therapeutic Alternatives	Tier	Notes
Antihistamines	brompheniramine chlorpheniramine cypheptadine diphenhydramine (oral) dimenhydrinate doxylamine hydroxyzine meclizine triprolidine	loratadine (Claritin) desloratadine (Clarinex) cetirizine (Zyrtec) fexofenadine (Allegra)	Not Part D Eligible	Over-the-counter (OTC) medications are excluded from Part D coverage per CMS rules
Antiparkinsonian Agents	benztropine trihexyphenidyl	carbidopa-levodopa amantadine	Tier 2	
Skeletal Muscle Relaxants	cyclobenzaprine orphenadrine	tizanidine (tablet) baclofen (tablet)	Tier 2	
Antidepressants	amitriptyline amoxapine clomipramine desipramine doxepin (> 6mg/day) imipramine nortriptyline paroxetine	citalopram (tablet) escitalopram (tablet) sertraline (tablet)	Tier 1	To reduce the risk of Serotonin Syndrome, avoid concurrent use of an SSRI with medications like amphetamines, tramadol, triptans
		venlafaxine IR (tablet) venlafaxine ER (capsule) duloxetine	Tier 2	
Antimuscarinic (urinary incontinence) Agents	darifenacin festoterodine flavoxate oxybutynin IR/ER solifenacin tolterodine IR/ER trospium	mirabegron	Tier 3	
Antipsychotic	chlorpromazine clozapine olanzapine perphenazine	risperidone (tablet)	Tier 1	
		quetiapine	Tier 2	
Antispasmodic Agents	atropine (excludes ophthalmic) clidinium-chlordiazepoxide dicyclomine homatropine (excludes ophthalmic) hyoscyamine scopolamine (excludes ophthalmic)	n/a		Evaluate clinical benefits vs. potential harm of medication side effects Prescribe the antispasmodic for shortest duration at lowest effective dose Avoid concurrent use of multiple anti-cholinergic medications
Antiemetics	prochlorperazine promethazine	ondansetron (tablet, ODT)	Tier 2	B vs D PA required