

The Use of High-Risk Medications in the Elderly

WellCare Health Plans, Inc.
The WellCare Group of Companies

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Dear Clinician,

The use of high-risk medications in the elderly is well documented in medical literature. It is recommended that clinicians follow the suggestions from NCQA's HEDIS[®] measure on the cautionary use of high-risk medications in the elderly. The following is part of that measure:

"The Use of High-Risk Medications in the Elderly measure assesses the percentage of Medicare members who received at least one drug to be avoided in the elderly and the percentage of Medicare members who received at least two different drugs to be avoided in the elderly. A lower rate represents better performance. A complete list of drugs to be avoided is attached." (NCQA)

The use of high-risk medications has been reported in the medical literature, including the Beers report and its update in 2003*. Inappropriate use of these high-risk medications can lead to increased morbidity and mortality as well as increased and avoidable health care costs. It is the primary care physician who has the ability to advise their elderly patients about the drugs that may impact their health and the cost of health services.

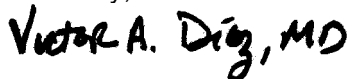
WellCare is making an intense effort to remind clinicians of which drugs pose the greatest degree of threat for elderly members. Attached you will find the NCQA list of drugs to avoid in the senior population.

Below are three references you may use to gain further knowledge about drugs to avoid in the elderly and its use as a quality metric.

We appreciate your participation with WellCare. Thank you for allowing us to assist by providing what we hope is useful information to you.

For questions regarding this notice, please contact Dr. Victor Diaz at **713-630-1305**.

Sincerely,



Victor A. Diaz, MD, MPH, MPA
Medical Director, (WellCare of Texas)

References

* Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH. **Updating the Beers criteria for potentially inappropriate medication use in older adults: results of a US consensus panel of experts.** Arch Intern Med. 2003;163:2716-2724. Free copy available at: <http://archinte.ama-assn.org/cgi/content/full/163/22/2716>

The list of drugs to avoid with links to pharmacologic information about the drugs: From Duke University Medical School: <http://www.dcri.duke.edu/ccge/curtis/beers.html>

Developing a Robust Quality Measurement for Medicare Part D:

<http://www.ncqa.org/Portals/0/Publications/Resource%20Library/White%20Papers/MedPartD.pdf>

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DRUGS TO BE AVOIDED IN THE ELDERLY

as specified by NCQA's HEDIS® measure: Use of High-Risk Medications in the Elderly

Therapeutic Class/ Application	Drugs
Antianxiety	Meprobamate (Equagesic, Equanil, Miltown)
Antiemetic	Trimethobenzamide (Tigan)
Analgesic	Ketorolac (Toral)
Antihistamine	<ul style="list-style-type: none"> • Cyproheptadine (Periactin) • Dexchlorpheniramine (Polaramine) • Diphenhydramine (Benadryl) • Ephedrine • Hydroxyzine (Vistaril, Atarax) • Promethazine (Phenergan) • Theophylline • Tripeleennamine
Antipsychotic, typical	• Thioridazine (Mellaril)
Amphetamine	<ul style="list-style-type: none"> • Amphetamine Mixtures (Adderall) • Benzphetamine (Didrex) • Dextroamphetamine (Dexedrine) • Dexmethylphenidate • Diethylpropion (Tenuate) • Methamphetamine (Desoxyn) • Methylphenidate (e.g., Ritalin, Methylin) • Phendimetrazine (Prelu-2) • Phenteramine (Ionamin, Adipex)
Barbiturate	<ul style="list-style-type: none"> • Amobarbital-Secobarbital (Tuinal) • Amytal • Aprobarrbital (Alurate) • Butabarbital (Butisol) • Butalbital • Butalbital combinations • Mephobarbital (Mebaral) • Pentobarbital (Nembutal) • Phenobarbital • Secobarbital (Seconal)
Long-acting benzodiazepine	<ul style="list-style-type: none"> • Chlordiazepoxide (Librium) • Chlordiazepoxide-Amitriptyline (Limbitrol) • Diazepam (Valium) • Flurazepam (Dalmane)
Other long-acting benzodiazepine	<ul style="list-style-type: none"> • Clidinium-Chlordiazepoxide (Librax) • Chlordiazepoxide-Methscopolamine
Calcium channel blocker	• Nifedipine (Procardia, Adalat)—short acting only
Gastrointestinal antispasmodic	<ul style="list-style-type: none"> • Dicyclomine (Bentyl) • Propantheline (Pro-Banthine)
Belladonna alkaloids (includes combination drugs)	<ul style="list-style-type: none"> • Atropine sulfate • Belladonna • Hyoscyamine (Anaspaz, Cystospaz, Levsin, Levsinex) • In combination (Barbidonna, Bellergal-S, Butibel, Donnatal) • Scopolamine (Scopace, Transderm-Scope)
Skeletal muscle relaxant	<ul style="list-style-type: none"> • Carisoprodol (Soma) • Chlorzoxazone (Paraflex) • Cyclobenzaprine (Flexeril) • Metaxalone (Skelaxin) • Methocarbamol (Robaxin) • Orphenadrine (Norflex)
Oral estrogen	<ul style="list-style-type: none"> • Estinyl • Estrace • Estradiol • Estratab • Estropiate • Ethinyl estradiol • Gynodiol • Menest • Premarin • Ogen
Oral hypoglycemic	• Chlorpropamide (Diabinese)
Narcotic	<ul style="list-style-type: none"> • Meperidine • Pentazocine (Talacen, Talwin, Talwin Cpd, Talwin NX) • Propoxyphene combinations (Darvon CPD, Darvon N, Darvocet-N) • Propoxyphene (Darvon)
Vasodilator	<ul style="list-style-type: none"> • Dipyridamole (Persantine) short acting only • Ergot mesyloids (Hydergine) • Isoxsuprine (Vasodilan)