

Promoting Safe Medication Use in Older Adults

Premera is committed to ensuring the most appropriate medications for our Premera Blue Cross Medicare Advantage Plan members. We work with providers to avoid prescribing drugs considered high risk for our members over the age of 65, especially when there may be safer alternatives.

The American Geriatric Society Beers Criteria and the Pharmacy Quality Alliance identify high-risk medications (HRMs) that may cause adverse drug events in older adults due to their pharmacologic properties and the physiologic changes of aging.

Please carefully evaluate whether the medications on the list below are still appropriate for your older patients and consider appropriate alternatives. This may involve a frank discussion with your patients about risks and benefits. As the prescriber, you are the key advocate in helping patients decide which medications they need and which therapies represent the least risk as they age.

If you prescribe an HRM from the list below for your Premera Medicare Advantage patients who are 65 or older, you may be asked to complete a prior authorization form in order for the medication to be considered for coverage.

The information provided below is adapted from information included on the 2015 AGS Beers Criteria of Potentially Inappropriate Medication Use in Older Adults and the supplementary article, "Alternative Medications for Medications in the Use of High-Risk Medications in the Elderly and Potentially Harmful Drug–Disease Interactions in the Elderly Quality Measures." For more complete information, refer to [The American Geriatrics Society](#).

Drug Class	Concern	Potential Alternatives*
Antiemetics (promethazine)	<i>Highly anticholinergic; clearance reduced with advanced age; greater risk of confusion, dry mouth, constipation, and other anticholinergic effects and toxicity</i>	Nausea/Vomiting <ul style="list-style-type: none"> • Ondansetron
First generation Antihistamines (hydroxyzine)	<i>Highly anticholinergic; clearance reduced with advanced age; greater risk of confusion, dry mouth, constipation, and other anticholinergic effects and toxicity</i>	Allergies: <ul style="list-style-type: none"> • Intranasal normal saline, loratidine (OTC), cetirizine (OTC) levocetirizine (Rx), steroid nasal spray

Drug Class	Concern	Potential Alternatives*
Barbituates (phenobarbital)	<i>High rate of physical dependence, tolerance to sleep benefits and carry risk of overdose at low dosages</i>	Epilepsy <ul style="list-style-type: none"> • See online list of formulary anticonvulsant agents
Benzodiazepines (examples include clonazepam, diazepam, lorazepam)	<i>In general, all benzodiazepines increase risk of cognitive impairment, delirium, falls, fractures, and motor vehicle accidents in older adults. This is due to increased sensitivity to benzodiazepines and slower metabolism of long-acting agents</i>	Anxiety <ul style="list-style-type: none"> • buspirone, paroxetine, or escitalopram Panic Disorder <ul style="list-style-type: none"> • sertraline
Estrogen products Oral and Transdermal (examples include estradiol, Premarin®)	<i>Increased risk of cardiovascular disease, cancer and cancer-related death; NOT cardioprotective in older women</i>	Vasomotor Symptoms <ul style="list-style-type: none"> • venlafaxine, escitalopram, gabapentin Vaginal Symptoms <ul style="list-style-type: none"> • Estrogen vaginal creams Osteoporosis <ul style="list-style-type: none"> • alendronate
NSAIDs (ketorolac, indomethacin)	<i>Increases risk of GI bleeding and peptic ulcer disease in high-risk groups, including those aged > 75 or taking oral or parenteral corticosteroids, anticoagulants, or antiplatelet agents</i> <i>Of all the NSAIDs, indomethacin has most adverse effects</i>	Pain <ul style="list-style-type: none"> • etodolac, sulindac, or meloxicam
Platelet Modifying Agents (dipyridamole)	<i>May cause orthostatic hypotension; more-effective alternatives available</i>	Platelet Aggregation <ul style="list-style-type: none"> • clopidogrel

Drug Class	Concern	Potential Alternatives*
Nonbenzodiazepine hypnotics (examples include zolpidem, zaleplon and ezopiclone)	<i>Cognitive impairment; potential to cause delirium, falls, and fractures; minimal improvement in sleep latency and duration</i>	Sleep hygiene, relaxation training, and stimulus-control therapy
Skeletal Muscle Relaxants (examples include cyclobenzaprine and methocarbamol)	<i>Anticholinergic side effects: worsened cognition & behavioral problems (especially in dementia); urinary retention OR incontinence; confusion; sedation; weakness; questionable efficacy (at lower doses)</i>	<p>Acute mild or moderate pain acetaminophen, nonacetylated salicylate (e.g., salsalate), propionic acid derivatives (e.g., ibuprofen, naproxen) if no heart failure or eGFR>30 mL/min and given with PPI for gastroprotection if used for >7 days</p> <p>Pain/Muscle Spasms</p> <ul style="list-style-type: none"> • Physiotherapy; correct seating and footwear <p>Spasticity</p> <ul style="list-style-type: none"> • baclofen, tizanidine, dantrolen
Sulfonylureas - long duration (chlorpropamide, glyburide)	<i>Prolonged hypoglycemia</i>	glipizide , metformin

*Potential alternatives are listed for informational purposes only. Formulary status, prior authorization criteria for these, and other medications can be found on the [Premera Medicare Advantage member website](#).

1. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 updated Beers criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2015; 63 (11): 2227-46. Hanlon JT, Selma TP, Schmader. Alternative medications for medications in the use of high-risk medications in the elderly and potentially harmful; drug-disease interactions in the elderly quality measures. *J Am Geriatr Soc.* 2015. 63 (12):e6-e18.
2. North American Menopause Society. The 2012 hormone therapy position statement of: The North American Menopause Society. *Menopause.* 2012 Mar; 19(3):257-71.
3. PL Detail-Document, Potentially Harmful Drugs in the Elderly: Beers List. Pharmacist's Letter/Prescriber's Letter. June 2012.