Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS)

APPLICABLE LINES OF BUSINESS

- Medicare

MEASURE DESCRIPTION

The percentage of individuals ≥65 years of age with concurrent use of ≥3 unique central-nervous system (CNS)-active medications.[i] A lower rate indicates better performance.

APPLICABLE MEDICATIONS

Antiepileptic Medications		
- brivaracetam - cannabidiol - carbamazepine - divalproex sodium - eslicarbazepine - ethosuximide - ethotoin - felbamate - gabapentin	- lacosamide - lamotrigine - levetiracetam - methsuximide - oxcarbazepine - perampanel - phenobarbital - phenytoin - pregabalin	- primidone - rufinamide - stiripentol - tiagabine - topiramate - valproic acid - vigabatrin - zonisamide
Antipsychotic Medications		
- aripiprazole - asenapine - brexpiprazole - cariprazine - chlorpromazine - clozapine - fluphenazine - haloperidol	- iloperidone - loxapine - lumateperone - lurasidone - molindone - olanzapine - paliperidone - perphenazine	- pimavanserin - pimozide - quetiapine - risperidone - thioridazine - thiothixene - trifluoperazine - ziprasidone

Benzodiazepines & Nonbenzodiazepine Sedative/Hypnotic Medications		
• alprazolam • chlordiazepoxide • clobazam • clonazepam • clorazepate • diazepam	• estazolam • eszopiclone • flurazepam • lorazepam • midazolam • oxazepam	• quazepam • temazepam • triazolam • zaleplon • zolpidem
Opioid Medications		
• benzhydrocodone • buprenorphine • butorphanol • codeine • dihydrocodeine • fentanyl	• hydrocodone • hydromorphone • levorphanol • meperidine • methadone • morphine	• opium • oxycodone • oxymorphone • tapentadol • tramadol
Antidepressant Medications: SNRIs, SSRIs, & TCAs		
• amitriptyline • amoxapine • citalopram • clomipramine • desipramine • desvenlafaxine • doxepin	• duloxetine • escitalopram • fluoxetine • fluvoxamine • imipramine • levomilnacipram • milnacipram	• nortriptyline • paroxetine • protriptyline • sertraline • trimipramine • venlafaxine

EXCLUSIONS

Patients are excluded if they:

- Received hospice care during the measurement year
- Have a seizure disorder diagnosis during the measurement year

TIPS FOR SUCCESS

- Leverage electronic medical records (EMR) to identify prescribing that meets polypharmacy criteria. Share lists with providers in the practice for review.

- Conduct an annual review of a patient's medication list and assess appropriateness of each drug.

- Consider discontinuing medications that have no indication, are a part of a prescribing cascade, or lack of benefit.

- Use the lowest effective dose of medications to reduce the risk of adverse drug events.

- Discuss the benefits, risks, and availability of non-pharmacological therapies (e.g., chiropractic, acupuncture, and physical therapy) with your patient.

- Educate the patient on the side effects of medications, such as cognitive decline, cardiac conduction abnormalities, respiratory suppression, increased fall risk, and what to do if side effects appear.

- Reinforce the treatment plan and evaluate the medication regimen considering presence or absence of side effects, potential costs, and provide clear written instructions for medication schedule.