

POTENTIAL ALTERNATIVES TO HIGH RISK MEDICATIONS IN THE ELDERLY FOR THE 2020 MEDICARE PART D PLAN YEAR

The following table includes select High Risk Medications (HRMs)¹ that are routinely prescribed for the elderly and potential alternatives for prescribers to consider in place of the HRM when needed for the management of common conditions.²

HRM by Therapeutic Class	Common Uses	Optional Non-HRM Alternatives	Potential Risks with Use in the Elderly ^{3,4}
Antidepressants			
Amitriptyline Doxepin (applies to >6 mg/day) Imipramine HCl Imipramine Pamoate Trimipramine	Depression	Bupropion Mirtazapine SSRIs (selective serotonin reuptake inhibitors) SNRIs (serotonin-norepinephrine reuptake inhibitors) Trazodone	Highly anticholinergic, sedating, and cause orthostatic hypotension; safety profile of low dose doxepin (≤6 mg/day) comparable with that of placebo. Drugs with strong anticholinergic activity are to be avoided because of their potential to be constipating, worsen some forms of lower urinary tract symptoms, dry mucous membranes and induce delirium or dementia

Antihistamines			
Carbinoxamine Maleate Clemastine Fumarate Dexchlorpheniramine Maleate Oral Solution Promethazine	Rhinitis	Azelastine nasal Flunisolide nasal Fluticasone nasal Levocetirizine	Highly anticholinergic; clearance reduced with advanced age, and tolerance develops when used as hypnotic; risk of confusion, dry mouth, constipation and other anticholinergic effects or toxicity
Hydroxyzine Injectable	Alcohol Withdrawal Syndrome	Clorazepate Lorazepam	
	Anxiety	Buspirone Duloxetine Escitalopram Sertraline Venlafaxine ER	
Hydroxyzine HCl Hydroxyzine Pamoate	Anxiety	Buspirone Duloxetine Escitalopram Sertraline Venlafaxine ER	
Antiparkinson Drugs			
Benztropine (oral dosage form only) Trihexyphenidyl	Extrapyramidal disorder	Amantadine	Not recommended for prevention of extrapyramidal symptoms with antipsychotics; more-effective agents available for treatment of Parkinson disease. Strong anticholinergic properties. Risk of confusion, dry mouth, constipation and other anticholinergic effects or toxicity
	Parkinson's disease	Amantadine Carbidopa/Levodopa Pramipexole Ropinirole	

Nonbenzodiazepine Sedative-Hypnotics			
Eszopiclone Zaleplon Zolpidem Extended-Release Zolpidem Immediate-Release Zolpidem Sublingual Zolpidem Spray	Insomnia	Doxepin 3 mg, 6 mg (Silenor)	Adverse events similar to those of benzodiazepines in older adults (e.g., delirium, falls, fractures); increased emergency room visits and hospitalizations; motor vehicle crashes; minimal improvement in sleep latency and duration
Oral Hypoglycemics			
Glyburide Glyburide-metformin Glyburide micronized	Type II diabetes	Glipizide Metformin	Higher risk of severe prolonged hypoglycemia in older adults

¹ Drugs identified as HRMs are adapted from the Healthcare Effectiveness Data and Information Set (HEDIS) measure known as Drugs to be Avoided in the Elderly (DAE), National Committee for Quality Assurance (NCQA) and Pharmacy Quality Alliance (PQA) performance measures, and the American Geriatrics Society Beers Criteria for Potentially Inappropriate Medications Use in Older Adults.

² The table includes alternative drugs for the most frequently prescribed HRMs based on SilverScript[®] Insurance Company (SSI), a CVS Health company, formulary utilization. Note: some drugs may not be included on the SSI formulary.

³ Rationale for use of alternatives obtained from the American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.

⁴ Rationale for use of alternatives obtained from Hanlon, Joseph T, PharmD, MS, Semla, Todd P. MS, PharmD and Schmader, Kenneth E. MD. 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. Journal of American Geriatrics Society. 2015.