

# Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults



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## POLY-ACH measure

The POLY-ACH measure in the Centers for Medicare & Medicaid Services (CMS) Star Ratings uses concurrent use of two or more anticholinergic medications for a significant period to evaluate health plans.

| Quality measure   | Description  |
|---|--|
| <b>Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)</b> | Percentage of patients age 65 or older with concurrent use of two or more unique anticholinergic medications for 30 cumulative days.       |
| <b>POLY-ACH Exclusions</b>  | Patients enrolled in hospice.  |
| <b>Who qualifies for the measure?</b>   | Patients, age 65 and older, with at least two prescription claims for the same anticholinergic medication with different dates of service. |
| <b>Who is considered to be non-compliant with the measure?</b>                              | Patients who have at least two prescription claims of at least two unique anticholinergic medications with 30 days of overlapping use.     |

## Action

We have listed applicable therapeutic categories and anticholinergic medications on the next page for easy reference. **Please consider avoiding initial use of multiple anticholinergic medications in the elderly and discontinue medications, as appropriate.**

*(continued)*

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Internal Approval 03192026/26-275 (3/26)

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| Category                         | Medications  | Recommended alternatives   |
|----------------------------------|--|--|
| <b>Antihistamines</b>            | Brompheniramine<br>Doxylamine<br>Hydroxyzine         | <p><b>For allergies:</b></p> <ul style="list-style-type: none"> <li>Intranasal steroids: fluticasone 50 mcg spray, flunisolide 0.025% spray</li> <li>Second generation antihistamines: levocetirizine 5 mg tab, desloratadine 5 mg tab</li> <li>Eye antihistamines: azelastine 0.05% drops, cromolyn 4% drops</li> <li>Nasal antihistamines: ipratropium 21 mcg and 42 mcg nasal spray and azelastine 137 mcg nasal spray</li> <li>Intranasal saline: Ocean<sup>®</sup> nasal spray (over-the-counter (OTC))</li> </ul> <p><b>For sleep aid:</b> melatonin, sleep hygiene strategies</p> <ul style="list-style-type: none"> <li>Non-BEERS list sleep medications (doxepin 3 mg and 6 mg tab, Belsomra<sup>®</sup>)</li> </ul> <p><b>For anxiety:</b> Selective serotonin reuptake inhibitors (SSRIs)<sup>1</sup> or serotonin-norepinephrine reuptake inhibitors (SNRIs), buspirone, mirtazapine, bupropion, non-pharmacologic treatment</p> |
| <b>Antiemetics</b>               | Prochlorperazine<br>Promethazine                     | Serotonin 5-HT <sub>3</sub> receptor antagonists (e.g., ondansetron)   |
| <b>Antidepressants</b>           | Paroxetine<br>Amitriptyline<br>Nortriptyline         | SSRIs <sup>1</sup> and SRNIs (e.g., escitalopram, fluoxetine, sertraline, venlafaxine ER), mirtazapine and bupropion   |
|                                  |  | <b>If for neuropathic pain:</b> duloxetine   |
| <b>Antiparkinsonian agents</b>   | Benzotropine<br>Trihexyphenidyl                      | Amantadine, carbidopa/levodopa, pramipexole, ropinirole  |
| <b>Antispasmodic agents</b>      | Dicyclomine<br>Diphenoxylate/Atropine<br>Scopolamine | <p><b>Constipation:</b> lactulose oral solution, polyethylene glycol powder (OTC)</p> <p><b>Diarrhea:</b> loperamide</p>   |
| <b>Skeletal muscle relaxants</b> | Cyclobenzaprine<br>Orphenadrine                      | <p><b>Formulary muscle relaxants:</b> baclofen 10 mg and 20 mg tab, tizanidine tablet. These medications increase risk for falls and fractures. Lowest effective dose and ongoing reassessment for need is essential.</p> <p><b>For pain:</b> Tylenol<sup>®</sup> [acetaminophen] (OTC), Aleve<sup>®</sup> [naproxen] (OTC) + PPI (for gastroprotection)</p> <p><b>Non-pharmacologic treatment:</b> physical therapy, heat, stretching</p>   |
| <b>Antipsychotics</b>            | Chlorpromazine<br>Clozapine<br>Olanzapine            | <p><b>General recommendation:</b> avoid antipsychotics for dementia or delirium unless there's a severe risk; try non-drug options first.</p> <ul style="list-style-type: none"> <li>Safer drugs with some evidence include SSRIs<sup>1</sup> (e.g., escitalopram, sertraline) or anticonvulsants (e.g., carbamazepine)</li> <li>When antipsychotic use is unavoidable, use agents such as quetiapine and risperidone at the lowest effective dose and regularly reassess the need for continuation</li> </ul>   |
| <b>Antimuscarinics</b>           | Oxybutynin<br>Darifenacin<br>Trospium                | <b>Non-pharmacologic:</b> bladder training, pelvic floor exercises   |

<sup>1</sup>SSRIs increase the risk of hyponatremia, particularly when used in combination with other medications that cause hyponatremia.