

Use of High-Risk Medications in the Elderly (DAE)

The National Committee for Quality Assurance (NCQA) accredits health plans based on their structure and processes they have in place to maintain the highest level of clinical quality and patient satisfaction. Through the use of Healthcare Effectiveness Data and Information Set (HEDIS), NCQA is able to track and analyze how health plans are performing.¹

Within the Medicare population, one of the HEDIS measures known as Medication Management in the Elderly has become a focal point for NCQA. Under this measure is a sub-measure known as Use of High-Risk Medications in the Elderly (DAE), which assesses the utilization of certain ambulatory prescription drugs in adults who are 66 years of age and older, that increase the risk of harm to the elderly. The use of these harmful drugs can cause medication-related problems and adverse drug events. By monitoring this measure, the goal is to reduce medication-related problems and adverse drug events in Allwell from Superior HealthPlan (HMO and HMO SNP) and Superior HealthPlan Medicare-Medicaid Plan (MMP) members.

The DAE measure tracks specific classes of medications that are being prescribed as a rate reported to HEDIS. The rate is determined by looking at members who had two or more dispensing events for the same medication on different dates, regardless of day's supply.

Reference the table below for the top ten high-risk medications prescribed to Allwell and MMP members and alternatives available to prescribe to help with this HEDIS DAE measure.

Rank	High-Risk Medication	Alternative(s) for Allwell and MMP
1	Meclizine	Prochlorperazine
2	Nitrofurantoin	Sulfamethoxazole/Trimethoprim, Ciprofloxacin, Cephalexin
3	Dicyclomine	Linzess
4	Zolpidem	Ramelteon, Trazodone
5	Paroxetine	Sertraline, Citalopram, Venlafaxine, Desvenlafaxine, Escitalopram, Mirtazapine
6	Glimepiride	Glipizide (+/- Metformin)
7	Digoxin (> 0.125 mg/day)	Do not exceed 125MCG (0.125mg) daily.
8	Amitriptyline	Sertraline, Citalopram, Venlafaxine, Desvenlafaxine, Escitalopram, Mirtazapine
9	Hydroxyzine	Bupirone HCl
10	Benzotropine	Ropinirole, Pramipexole, Carbidopa/Levodopa (+Entacapone), Amantadine, Selegiline, Bromocriptine

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The following drug classes are tracked for performance²:

Measure ²	Performance
DAE: The rate of Medicare members who are 66 years of age and older that are dispensed a harmful medication.	A lower rate is indicative of a better performance for the health plan, appropriate prescribing based on current medical guidelines and better health outcomes for the member.

Please consider alternative medications prior to prescribing a prescription for medications listed below.

Description of High-Risk Medications	High-Risk Prescriptions
Anticholinergics	<ul style="list-style-type: none"> • Brompheniramine • Carbinoxamine • Chlorpheniramine • Clemastine • Cyproheptadine • Dexbrompheniramine • Dexchlorpheniramine • Diphenhydramine (oral) • Dimenhydrinate • Doxylamine • Hydroxyzine • Meclizine • Promethazine • Pyrilamine • Triprolidine • Benztropine (oral) • Trihexyphenidyl
Antispasmodics	<ul style="list-style-type: none"> • Atropine (exclude ophthalmic) • Belladonna alkaloids • Chlordiazepoxide-clidinium • Dicyclomine • Hyoscyamine • Methscopolamine • Propantheline • Scopolamine
Antithrombotics	<ul style="list-style-type: none"> • Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)



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Description of High-Risk Medications	High-Risk Prescriptions
Cardiovascular	<ul style="list-style-type: none">• Guanfacine• Methyldopa• Disopyramide• Nifedipine, immediate release
Central nervous system	<ul style="list-style-type: none">• Amitriptyline• Amoxapine• Clomipramine• Desipramine• Imipramine• Nortriptyline• Paroxetine• Protriptyline• Trimipramine• Amobarbital• Butabarbital• Butalbital• Pentobarbital• Phenobarbital• Secobarbital• Ergoloid mesylates• Isoxsuprine• Meprobamate
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	<ul style="list-style-type: none">• Conjugated estrogen• Esterified estrogen• Estradiol• Estropipate
Endocrine system, sulfonylureas, long-duration	<ul style="list-style-type: none">• Chlorpropamide• Glimepiride• Glyburide
Endocrine system, other	<ul style="list-style-type: none">• Desiccated thyroid• Megestrol



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Description of High-Risk Medications	High-Risk Prescriptions
Pain medications	<ul style="list-style-type: none"> • Carisoprodol • Chlorzoxazone • Cyclobenzaprine • Metaxalone • Methocarbamol • Orphenadrine • Indomethacin • Ketorolac, includes parenteral • Meperidine
Anti-Infectives, other	<ul style="list-style-type: none"> • Nitrofurantoin • Nitrofurantoin macrocrystals • Nitrofurantoin macrocrystals- monohydrate >90 days
Nonbenzodiazepine hypnotics	<ul style="list-style-type: none"> • Eszopiclone • Zaleplon • Zolpidem >90 days

Since some medications within DAE are dose-dependent, providers should examine the dosing of the medications listed below when prescribing to elderly patients. The quality rating for Superior is impacted when the dosing for these medications are exceeded.

Description of Medications	Prescriptions
Alpha agonists, central	<ul style="list-style-type: none"> • Reserpine >0.1 mg/day
Cardiovascular, other	<ul style="list-style-type: none"> • Digoxin >0.125 mg/day
Tertiary Tricyclic Antidepressants (TCAs) (as single agent or as part of combination products)	<ul style="list-style-type: none"> • Doxepin >6 mg/day

If you have any questions regarding the DAE measure or any of the medications listed above, please contact Superior's Pharmacy department at 1-800-218-7453, ext. 54019.

1. Medication Management in the Elderly. NCQA. <https://www.ncqa.org/hedis/measures/medication-management-in-the-elderly/>. Accessed April 15, 2019.

2. Proposed Changes to Existing Measures for HEDIS 2020: Use of High-Risk Medications in the Elderly (DAE) and Potentially Harmful Drug-Disease Interactions in the Elderly (DDE). NCQA. https://www.ncqa.org/wp-content/uploads/2019/02/20190208_16_DAE_DDE.pdf. Published March 11, 2019. Accessed June 24 2020.