

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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High Risk Medication (HRM)

In order to advance patient safety, IEHP will be identifying members over 65 and currently on one of the medications identified in Table 1. Providers will be receiving a list of these members from IEHP on an ongoing basis. IEHP asks providers to review their member's current drug regimen and safety risk and make any appropriate changes when applicable.

Table 1: Medications identified by CMS to be high risk in the elderly

Drug Class	HRM Drugs	Safety Concerns	IEHP DualChoice Alternative(s)
Acetylcholinesterase Inhibitor	Donepezil (in patients with syncope)	Increased risk for orthostatic hypotension or bradycardia	Memantine
Amphetamines	Dextroamphetamine Methylphenidate Phentermine	CNS stimulation	Diet & lifestyle modification; mirtazapine, trazodone
Analgesic (includes combination medications)	Pentazocine Meperidine	Increased risk for confusion, hallucination, delirium, fall, fracture, neurotoxic effects (meperidine)	<u>Mild Pain:</u> APAP <u>Mod-Severe Pain</u>
	Tramadol	Lowers seizure threshold	Norco
	Aspirin > 325 mg/day Etodolac, Diclofenac Naproxen, Ketorolac Meloxicam, Piroxicam Sulindac	Increased risk of GI bleeding and peptic ulcer disease, edema, may worsen heart failure	Vicodin Percocet Morphine
Anorexia	Megestrol	Minimal effect on weight, increases risk of thrombotic events and possibly death	Depends on origin
Anti-anxiety (includes combination medications)	Chlordiazepoxide Diazepam Flurazepam Alprazolam Lorazepam Oxazepam	Cognitive impairment, dependence, sedation, respiratory depression in COPD, syncope, increased sensitivity, slower metabolism of long-acting agents	Buspirone SSRI, SNRI
Antidepressants	Paroxetine	Worsen delirium, urinary retention, cognitive impairment	SSRI, mirtazapine, bupropion,
	Tricyclics Doxepin (> 6mg/day)	Highly anticholinergic - greater risk of dry mouth, confusion, constipation, urinary retention; orthostatic hypotension	nortriptyline, trazodone, desipramine, low-dose doxepin

Anti-emetics	Scopolamine Trimethobenzamide	Poor efficacy, extrapyramidal side effects	Ondansetron
	Metoclopramide	Extrapyramidal side effects, tardive dyskinesia	
	Prochlorperazine	Worsen delirium, constipation, cognitive impairment, worsen Parkinson's disease	
	Promethazine	Anticholinergic effects, delirium, cognitive impairment, worsen Parkinson's disease, reduced clearance in elderly	
Antihistamines (includes combination products)	Diphenhydramine Doxylamine Hydroxyzine Promethazine	Highly anticholinergic, clearance reduced with advanced age, tolerance may develop if used as hypnotic	Cetirizine, loratadine
Antihypertensives	Doxazosin, Prazosin Terazosin, Clonidine Nifedipine (short-acting only)	High risk of orthostatic hypotension, bradycardia, CNS adverse effects Nifedipine can precipitate myocardial ischemia	Thiazides, ACE inhibitors, ARB, beta-blocker, calcium channel blocker
Antipsychotics	Thioridazine Chlorpromazine Clozapine Olanzapine	Lower seizure threshold, CNS side effects, increased extrapyramidal side effects, orthostatic hypotension Increased risk of stroke and mortality in those with dementia (both 1 st and 2 nd gen)	Risperidone Quetiapine Aripiprazole
Antispasmodics	Belladonna alkaloids (atropine, belladonna, hyoscyamine) Dicyclomine	Highly anticholinergic, delirium, questionable efficacy	Chronic constipation: fiber, fluids, Miralax, lactulose Diarrhea: loperamide
Cardiac Drugs	Amiodarone Dronedarone	QT prolongation, thyroid effects, pulmonary toxicity	Rate control preferred for atrial fibrillation
	Dofetilide, Flecainide Ibutilide, Sotalol	Rate control yields more benefits than rhythm control	
	Digoxin > 125 mcg/day	Slow renal clearance may lead to toxicity	
Diabetic Drugs	Glyburide	Prolonged hypoglycemia	Glimepiride, Glipizide Avoid Glucotrol XL due to hypoglycemia
	Sliding scale insulin	Higher risk of hypoglycemia	
Hypnotics	Butalbital Phenobarbital Temazepam Diazepam Flurazepam Zolpidem, Zaleplon	High rate of physical dependence, tolerance, delirium, overdose, cognitive impairment, non-BZDs show minimal improvement in sleep latency and duration	Non-pharmacologic therapy, low-dose trazodone or doxepin, ramelteon Avoid > 90 days of non-BZD hypnotics
Skeletal Muscle Relaxants	Carisoprodol Cyclobenzaprine Metaxalone Methocarbamol	Anticholinergic effects, sedation, fractures, delirium, cognitive impairment, questionable efficacy at doses tolerated in elderly	Baclofen Tizanidine

The complete list of HRM medications is available at the following link:

<https://ww3.iehp.org/en/providers/pharmaceutical-services/clinical-information/high-risk-medications/>