

**“DRUGS TO BE AVOIDED IN THE ELDERLY”
and
FDA DRUG EFFICACY STUDY IMPLEMENTATION “LTE” DRUGS**

In order to continually improve the quality of care for our members, the CareOregon Pharmacy & Therapeutics Committee voted unanimously to remove or add age restriction to the drugs listed in the tables below. These changes are based on recommendations from the Beer’s criteria and the Healthcare Effectiveness Data and Information Set (HEDIS) measure on “Drugs to be avoided in the Elderly” (DAE) and drugs included on the FDA Drug Efficacy Study Implementation (DESI) program less-than-effective (LTE) list for which Medicaid coverage is prohibited.¹⁻³ The specific quality concerns and alternative treatment options are included for your reference.

The following HEDIS DAE drugs will be removed from the CareOregon (OHP) Formulary:

- On 10/5/09, the following drugs will become non-formulary and no longer covered for new prescriptions.
- Members with prescription claims history for the drug prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage.
- You will be notified in a separate letter if you are identified as a prescriber of one of these drugs for specific CareOregon members affected by this change.

Drug Class/ Name	Concerns/Risks	Alternative(s)
Chlorpropamide	<ul style="list-style-type: none"> • Prolonged hypoglycemia • SIADH 	<ul style="list-style-type: none"> • Glyburide, glipizide and glimepiride • Metformin
Dipyridamole, short-acting	<ul style="list-style-type: none"> • Orthostatic hypotension • Less effective for stroke prevention than alternatives 	<ul style="list-style-type: none"> • Stroke prevention: low-dose aspirin, Aggrenox, Plavix • Isosorbide, nitroglycerin
Mephobarbital	<ul style="list-style-type: none"> • Dependence • Higher risk of adverse effects than most sedative-hypnotics 	<ul style="list-style-type: none"> • Anxiety: Non-drug, buspirone or short acting benzo for <u>short-term</u> use only such as lorazepam • Seizure: phenytoin, carbamazepine, levetiracetam, Gabitril, topiramate, oxcarbazepine, divalproex sodium, valproic acid, zonisamide
Nifedipine, short-acting	<ul style="list-style-type: none"> • Hypotension • Constipation 	<ul style="list-style-type: none"> • Long acting CCB, such as amlodipine
Propoxyphene combinations <ul style="list-style-type: none"> • Propoxyphene-APAP • Propoxyphene-N/APAP 	<ul style="list-style-type: none"> • No more effective than APAP alone, yet has the adverse effects of other narcotic drugs 	<ul style="list-style-type: none"> • APAP, NSAIDs • Short-acting opioids, e.g. hydrocodone/APAP, oxycodone/APAP, codeine/APAP, oxycodone
Trimethobenzamide capsule	<ul style="list-style-type: none"> • Low efficacy • EPS adverse effects 	Dimenhydrinate, meclizine

The following DESI “LTE” drugs will be removed from the CareOregon (OHP) Formulary:

- On 10/5/09, the following drugs will become non-formulary and no longer covered for new prescriptions.
- Members with prescription claims history for the drug prior to 10/5/09 will be grandfathered indefinitely.

Drug Class/ Name	Concerns/Risks	Alternative (s)
Belladonna alkaloids <ul style="list-style-type: none"> • Barbidonna • Bellergal-S • Donnatal • Butibel 	<ul style="list-style-type: none"> • Highly anticholinergic • Questionable efficacy 	<ul style="list-style-type: none"> • Headache: APAP, NSAIDs • Migraine: sumatriptan • Hot flash: non-drug therapy
Ergotamine-caffeine Ergotamine-phenobarbital-belladonna	Not shown to be effective at the doses studied	<ul style="list-style-type: none"> • Migraine prophylaxis: propanolol, TCAs (desipramine or nortriptyline), verapamil or divalproex acid • Sumatriptan
Isometheptene-dichloralphenazone-APAP (Midrin)		

The following HEDIS DAE drugs on the CareOregon (OHP) Formulary will be restricted to age < 65 years:

- On 10/5/09, the following drugs will have an age restriction for all new prescriptions and will be covered for age < 65 years only.
- Members > 65 years of age with prescription claims history for the drug prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage.
- You will be notified in a separate letter if you are identified as a prescriber of one of these drugs for specific CareOregon members affected by this change.

Drug Class	Drug Name	Concerns/Risks	Alternative(s)
Antihistamines	Cyproheptadine	Anticholinergic adverse effects such as sedation, confusion and urinary retention	<ul style="list-style-type: none"> • Loratadine • Low-dose chlorpheniramine
	Diphenhydramine		
	Hydroxyzine		
	Promethazine		
Amphetamine	Amphetamine-dextroamphetamine	<ul style="list-style-type: none"> • Dependence • CNS stimulation (agitation, insomnia) • Hypertension, angina and MI (Black box warning added May 2008 on cardiovascular screening recommendation) 	Non-drug therapy
	Dextroamphetamine		
	Dexmethylphenidate		
	Methylphenidate		

(Table continued on next page)

Drug Class	Drug Name	Concerns/Risks	Alternative(s)
Barbiturate	Phenobarbital	<ul style="list-style-type: none"> • Dependence • Higher risk of adverse effects than most sedative-hypnotics 	<ul style="list-style-type: none"> • Anxiety: Non-drug, buspirone or short-acting benzo for short-term use only such as lorazepam • Seizure: phenytoin, carbamazepine, levetiracetam, Gabitril, topiramate, oxcarbazepine, divalproex acid, valproic acid, zonisamide
Long-acting Benzodiazepine	Flurazepam	<ul style="list-style-type: none"> • Prolonged sedation • Increased risk for falls and fracture 	<ul style="list-style-type: none"> • Anxiety: Non-drug, buspirone or short acting benzo for short-term use only, such as lorazepam • Insomnia: trazadone, zolpidem
Gastrointestinal Antispasmodics	Dicyclomine	<ul style="list-style-type: none"> • Highly anticholinergic • Questionable efficacy 	Diarrhea: loperamide, aluminum hydroxide, cholestyramine
	Hyoscyamine		
	Propantheline		
Skeletal Muscle Relaxants	Chlorzoxazone	<ul style="list-style-type: none"> • Highly anticholinergic • Questionable efficacy at doses tolerated by elderly 	<ul style="list-style-type: none"> • Non-drug therapy such as physical therapy • Spasticity: baclofen
	Cyclobenzaprine		
	Methocarbamol		
Oral Estrogens	Conjugated estrogen	<ul style="list-style-type: none"> • Risk for breast and endometrial cancer and thrombo-embolic events • Lack of cardio-protective effect 	<ul style="list-style-type: none"> • Hot flash: non-drug therapy • Bone density: calcium and vitamin D, alendronate
	Esterified estrogen		
	Estropipate		
Other	Desiccated thyroid	<ul style="list-style-type: none"> • Cardiac adverse effects • Safer alternatives available 	Levothyroxine
	Nitrofurantoin	<ul style="list-style-type: none"> • Nephrotoxicity • Safer alternatives available 	<ul style="list-style-type: none"> • Confirmed UTI: Bactrim DS, ciprofloxacin • Others depend on bacterial infection

References:

1. Fick, DM, Cooper, JW; Wade, WE, et al. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: Results of a US Consensus Panel of Experts. Arch Int Med, 2003;163:2716-24.
2. National Committee for Quality Assurance (NCQA). Use of High-risk Medications in the Elderly. HEDIS 2009, Volume 2.
3. Less Than Effective (LTE) and Identical, Related and Similar (IRS) Drugs at http://www.cms.hhs.gov/MedicaidDrugRebateProgram/12_LTEIRS Drugs.