

PROVIDER TIPS TO BOOST PERFORMANCE AND ELEVATE PATIENT CARE: POLYPHARMACY: USE OF MULTIPLE ANTICHOLINERGIC MEDICATIONS IN OLDER ADULTS (POLY-ACH)

Measure definition:

The percentage of patients 65 years or older with concurrent use of two or more unique anticholinergic (ACH) medications. A lower rate indicates better performance.

Measure compliance (numerator):

The number of patients with two or more prescription claims with different dates of service for two or more unique anticholinergic medications and 30 or more cumulative days of concurrent use during the measurement year.

Measure population (denominator):

The number of patients 65 years or older with two or more prescription claims with different dates of service for the same anticholinergic medication during the measurement year.

Measure Medications

- Antihistamines (first generation)
- Antiparkinsonians
- Skeletal muscle relaxants
- Antidepressants
- Antipsychotics
- Antimuscarinics
- Antispasmodics
- Antiemetics



POLYPHARMACY: USE OF MULTIPLE ANTICHOLINERGIC MEDICATIONS IN OLDER ADULTS (POLY-ACH) *Continued*

Exclusions

- Hospice care services anytime during the measurement year

Provider Tips and Best Practices

1. Avoid the use of anticholinergic medications in older adults and consider safer formulary alternatives when appropriate.
2. Identify duplicate therapies or medications with overlapping anticholinergic effects.
3. Monitor patients for signs and symptoms of common anticholinergic adverse effects (e.g., drowsiness, dry mouth, tachycardia, constipation, blurred vision, urinary retention, confusion).
4. Reassess the indication and duration of each anticholinergic medication at every visit and discontinue agents when the potential risks outweigh the benefits.
5. If concurrent use is necessary, use the lowest effective doses and limit duration.

Did You Know?

- The 2023 updated American Geriatrics Society (AGS) Beers Criteria advises against the use of more than one ACH medication due to increased risk of cognitive decline, delirium and falls.
- More recent AGS guidance released in 2025 emphasizes minimizing the overall ACH burden and prioritizing safer alternatives when appropriate.

Medication Class	Anticholinergic Medications to Avoid		Potential Formulary Alternatives
Antihistamines (first generation)	brompheniramine chlorpheniramine dimenhydrinate diphenhydramine (oral)	doxylamine hydroxyzine meclizine triprolidine cyproheptadine	Antihistamines • loratadine, cetirizine, levocetirizine, fluticasone Insomnia • ramelteon, trazodone*, mirtazapine*, melatonin[‡]
Antiparkinsonians	benztropine	trihexyphenidyl	Parkinson's/Pseudo-Parkinson's • carbidopa/levodopa, ropinirole, pramipexole, rasagiline, selegiline

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Medication Class	Anticholinergic Medications to Avoid		Potential Formulary Alternatives
Skeletal Muscle Relaxants	cyclobenzaprine	orphenadrine	Pain - acetaminophen - nonsteroidal anti-inflammatory drugs (NSAIDs): ibuprofen, naproxen, celecoxib, meloxicam, diclofenac gel Muscle Spasm - baclofen, tizanidine
Antidepressants	amitriptyline amoxapine clomipramine doxepin (>6 mg/day)	desipramine imipramine nortriptyline paroxetine	Depression and Anxiety - Selective serotonin reuptake inhibitors (SSRIs): sertraline, citalopram, escitalopram, fluoxetine - Serotonin and norepinephrine reuptake inhibitors (SNRIs): duloxetine, desvenlafaxine, venlafaxine Diabetic Neuropathy and Fibromyalgia - duloxetine, pregabalin
Antipsychotics	chlorpromazine clozapine	olanzapine perphenazine	Schizoaffective Disorder/ Schizophrenia and Bipolar Disorder aripiprazole, risperidone, ziprasidone, quetiapine
Antimuscarinics	darifenacin fesoterodine flavoxate oxybutynin	solifenacin tolterodine trospium	Urinary Incontinence Myrbetriq[^], Gemtesa[^]

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Medication Class	Anticholinergic Medications to Avoid		Potential Formulary Alternatives
Antispasmodics	atropine ⁺ dicyclomine clidinium- chlordiazepoxide	homatropine ⁺ hyoscyamine scopolamine ⁺	Constipation - docusate, sennoside, lactulose, bisacodyl, polyethylene glycol, magnesium citrate Diarrhea - loperamide, bismuth subsalicylate
Antiemetics	prochlorperazine	promethazine	Nausea and Vomiting ondansetron

* Off-label, † Available through over-the-counter (OTC) benefit, ^ OneCare covers brand name only,

+ Excludes ophthalmic formulation

References

1. Medicare 2026 Part C & D Star Ratings Technical Notes. Centers for Medicare & Medicaid Services: Center for Medicare. Updated September 25, 2025.
2. By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023; 71(7): 2052-2081. doi:10.1111/jgs.18372.
3. American Geriatrics Society Beers Criteria® Alternatives Panel; Steinman, M.A. Alternative treatments to selected medications in the 2023 American Geriatrics Society Beers Criteria®. J Am Geriatr Soc. 2025; 73(9): 2657–2677. doi:10.1111/jgs.19500.