



# F A Q

F R E Q U E N T L Y   A S K E D   Q U E S T I O N S



## **What is the Beers Criteria?**

The American Geriatric Society's (AGS) Beers Criteria was originally developed in the 1990s to evaluate potentially inappropriate medication use in nursing home patients. In 1999, the Beers Criteria was adopted by the Centers for Medicare & Medicaid Services (CMS) for nursing home regulation.

The Beers Criteria has since evolved into a measure of quality designed to reduce drug-related problems in older adults. The Beers Criteria was last updated in 2012 using an evidence-based approach. The process included a systematic review and rationale with a rating of the quality of evidence and strength of each recommendation using the American College of Physicians' Guideline Grading System.

## **What is the Pharmacy Quality Alliance list of high-risk medications to avoid prescribing to the elderly?**

The Pharmacy Quality Alliance list of high-risk medications to avoid prescribing to the elderly was derived from AGS' Beers Criteria and is endorsed by AGS and CMS. This list includes medications that put individuals 65 years and older at higher risk for an adverse drug-related event.



## How does CMS measure high-risk medication rates?

The CMS high-risk medication STAR measure is calculated using the Pharmacy Quality Alliance list of high-risk medications to avoid prescribing to the elderly. The measure time period is from January 1 – December 31 each year. CMS measures the percentage of plan members 65 years and older who receive two or more prescription fills for the same high-risk medication.

Members taking one of the following high-risk medications with a dose/supply as specified below will be included in the high-risk medication calculation:

- **Nitrofurantoin** - If the member's cumulative days' supply for any nitrofurantoin product is greater than 90 days during the measurement period
- **Reserpine** - If the member's average daily dose is greater than 0.1mg
- **Digoxin** - If the member's average daily dose is greater than 0.125mg
- **Doxepin** - If the member's average daily dose is greater than 6mg
- **Nonbenzodiazepine hypnotics** - If the member's cumulative days' supply for any product in this high-risk medication therapeutic class is greater than 90 days during the measurement period *(For example, if a member receives a 30-day supply of Ambien, a second fill for a 30-day supply of Ambien and then a fill for 31 day supply of Lunesta [all during the measurement period], the member would be included in the high-risk medication calculation.)*

Remember to review patient medications (both prescription and non-prescription) and reference the Beers Criteria and/or Pharmacy Quality Alliance high-risk medication lists to consider alternative medication options.

### Resources:

#### Beers Criteria

[americangeriatrics.org](http://americangeriatrics.org)

*(Or download the AGS "iGeriatrics" or "Geriatrics at your Fingertips" apps.)*

#### High-Risk Medication List with Therapeutic Alternatives

[AlabamaBlue.com/providers](http://AlabamaBlue.com/providers)

*(Select "High-Risk Medication Guide" under Pharmacy Resources.)*



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