

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH) provider tipsheet

Did you know? Older adults taking multiple anticholinergic (ACH) medications are more likely to experience adverse events, including cognitive decline, dementia and increased risk of falling. While there are instances where it's appropriate for concurrent use of medications, it can also present a serious patient safety concern. Routine medication reviews and deprescribing strategies are essential to reduce these risks.¹

Endorsed by the Pharmacy Quality Alliance, the Centers for Medicare and Medicaid Services (CMS) introduced the POLY-ACH measure to assess the percentage of patients ages 65 and older with concurrent use of two or more ACH medications.



Use this tip sheet to help **ensure safe and appropriate medication use, guide deprescribing when necessary, and help you succeed in the Polypharmacy Use of Anticholinergic Medications (Poly-ACH) measure.**

Measure overview

| Eligible population (Denominator) |
|--|
| Medicare patients, ages 65 and older, with at least two prescription claims for the same ACH medication with different dates of service (DOS) during the measurement period. |
| Note: the earliest DOS for any target medication should be at least 30 days from the last day of the measurement period. |
| Numerator |
| Number of patients in the denominator with concurrent use for at least 30 cumulative days of two or more unique ACH medications during the measurement period. |
| Each medication must have at least two prescription claims with different DOS during the measurement period. |
| Please note: A lower rate indicates better performance* |
| Exclusions |
| Hospice during the calendar year |
| Exclusions must be reported annually through claim submissions during the measurement year. |

For complete incentive program details and requirements, providers should review the PCP PIP Manual and the full Part D measure tip sheets available on the provider portal.

1. Coupland, C.A.C., Hill, T., Denning, T., Morriss, R., Moore, M., & Hippisley-Cox, J. (2019). *Anticholinergic Drug Exposure and the Risk of Dementia: A Nested Case-Control Study*. JAMA Internal Medicine.

Medications included in the measure

| Drug class | Anticholinergic medications ^{a, b} | |
|--|--|---|
| Antihistamine medications (First-generation) | <ul style="list-style-type: none"> • brompheniramine • dimenhydrinate • hydroxyzine • chlorpheniramine • triprolidine | <ul style="list-style-type: none"> • diphenhydramine (oral) • meclizine • cyproheptadine • doxylamine |
| Antiparkinsonian agent medications | <ul style="list-style-type: none"> • benztropine | <ul style="list-style-type: none"> • trihexyphenidyl |
| Skeletal muscle relaxant medications | <ul style="list-style-type: none"> • cyclobenzaprine | <ul style="list-style-type: none"> • orphenadrine |
| Antidepressant medications | <ul style="list-style-type: none"> • amitriptyline • doxepin (>6 mg/day) • paroxetine • amoxapine | <ul style="list-style-type: none"> • imipramine • clomipramine • nortriptyline • desipramine |
| Antipsychotic medications | <ul style="list-style-type: none"> • chlorpromazine • olanzapine | <ul style="list-style-type: none"> • clozapine • perphenazine |
| Antimuscarinic (urinary incontinence) medications | <ul style="list-style-type: none"> • darifenacin • oxybutynin • tolterodine • fesoterodine | <ul style="list-style-type: none"> • solifenacin • trospium • flavoxate |
| Antispasmodic medications | <ul style="list-style-type: none"> • atropine (excludes ophthalmic) • dicyclomine • hyoscyamine • clidinium-chlordiazepoxide | <ul style="list-style-type: none"> • homatropine (excludes ophthalmic) • scopolamine (excludes ophthalmic) |
| Antiemetic medications | <ul style="list-style-type: none"> • prochlorperazine | <ul style="list-style-type: none"> • promethazine |

^a **Includes** combination products that contain a target medication listed and the following routes of administration: buccal, nasal, oral, transdermal, rectal and sublingual.

^b **Source:** Medications in this table are from Table 7. Drugs with Strong Anticholinergic Properties of the American Geriatrics Society 2023 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.

How you can take immediate action

High use of amitriptyline, paroxetine and multiple urinary incontinence medications amongst our Medicare members contribute to elevated anticholinergic burden. Review your patients' medication lists for these agents and consider safer alternatives. Regular medication reconciliation and deprescription where appropriate can improve patient safety and support performance on the Medicare POLY-ACH quality measure.

Refer to the [POLY-ACH- Alternative Medications Guide](#) for detailed recommendations. Rely on your professional judgment and clinical expertise when making medication decisions for individual patients.

Provider tips and best practices

Consider the following tips to ensure safe, effective and high-quality care.

- **Avoid** initiating combination therapy with multiple ACH medications whenever possible.
- **Review** medication lists regularly and use tools such as the Anticholinergic Burden Scale to assess cumulative risk.
- **Educate** patients and caregivers about the risks cognitive changes, falls and constipation.
- **Coordinate** with other prescribers and specialists to ensure all providers are aware of the patient's medication regimen.
- **Consider** non-ACH alternatives for conditions such as overactive bladder, depression, insomnia or allergies.
- **Taper and deprescribe** ACH medications gradually to reduce withdrawal risks and monitor symptom recurrence.
- **Document** rationale for continued use of ACH medications when clinically necessary and reassess regularly

POLY-ACH QUICK ACTION CHECKLIST



- ✓ Identify patients on ≥ 2 anticholinergic meds
- ✓ Review indication and duration
- ✓ Assess ACH burden
- ✓ Consider safer alternatives
- ✓ Coordinate with other prescribers
- ✓ Educate patient/caregiver
- ✓ Document and reassess regularly

Deprescribing resources

- The [American Geriatrics Society's Beers Criteria](#) identifies medications that may pose more risk than benefit in older adults. Use this tool to guide safer prescribing and explore alternatives to anticholinergics when appropriate.
- Developed by the NSW Therapeutic Advisory Group, the [Deprescribing Guide for Anticholinergics for Urinary Incontinence \(Antimuscarinics\)](#) is an evidence-based guide that supports clinicians in safely reducing or discontinuing antimuscarinic medications. It includes patient assessment criteria, tapering strategies, alternative management options and monitoring recommendations.