

## Quality Tip Sheet

# Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)



AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey offer Quality Tip Sheets that provide key insights for measures introduced by the Centers for Medicare & Medicaid Services (CMS).

## Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

The Poly-ACH quality measure is the percentage of Medicare Part D beneficiaries ages 65 and older with concurrent use of two or more unique anticholinergic medications during the calendar year.<sup>1</sup>

Anticholinergic medications block and inhibit the activity of the neurotransmitter acetylcholine in the nervous system.<sup>2</sup>



High anticholinergic burden may impair cognition in older adults<sup>1</sup>

## Best Practices and Tips



**Regularly review medications**

Providers should consistently review patient medication lists to check for anticholinergic burden and deprescribe when necessary.<sup>2</sup>



**Follow evidence-based guidelines**

Use evidence-based guidelines to determine the clinical need for adding an anticholinergic. Create a patient-specific plan to monitor outcomes and eventually deprescribe.<sup>2</sup>

## Best Practices and Tips



### Comprehensive medication review (CMR)

Clinicians, specifically pharmacists, should perform a CMR to identify risks and educate patients about side effects and adverse effects, and ensure patients know when to seek medical attention; connect at-risk patients to the Medication Therapy Program for a comprehensive health review; and document any identified issues in the patient's electronic health record (EHR) for future communication and collaboration.<sup>2</sup>



### Refer to the Beers List<sup>3</sup>

Clinicians can use the Beers List to identify high-risk medications in the elderly and suitable medication alternatives and discontinue or switch to alternatives when the risks outweigh the benefits.<sup>2</sup> Clinical impact reduces hospitalizations and complications by avoiding high-risk medications. Clinicians can lower the incidence of falls, delirium, cognitive impairment, and other adverse events in older adults.<sup>3</sup>

## Exclusions

Members who choose hospice services or opt for a hospice benefit at any time during the measurement period.

## Medications included in the measure

Antihistamine medications	<ul style="list-style-type: none"> <li>• Brompheniramine</li> <li>• Chlorpheniramine</li> <li>• Cyproheptadine</li> </ul>	<ul style="list-style-type: none"> <li>• Dimenhydrinate</li> <li>• Diphenhydramine (oral)</li> <li>• Doxylamine</li> </ul>	<ul style="list-style-type: none"> <li>• Hydroxyzine</li> <li>• Meclizine</li> <li>• Triprolidine</li> </ul>
Antiparkinsonian agent medications	<ul style="list-style-type: none"> <li>• Benztropine</li> </ul>	<ul style="list-style-type: none"> <li>• Trihexyphenidyl</li> </ul>	
Skeletal muscle relaxant medications	<ul style="list-style-type: none"> <li>• Cyclobenzaprine</li> </ul>	<ul style="list-style-type: none"> <li>• Orphenadrine</li> </ul>	
Antidepressant medications	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Amoxapine</li> <li>• Clomipramine</li> </ul>	<ul style="list-style-type: none"> <li>• Desipramine</li> <li>• Doxepin (&gt;6 mg/day)</li> <li>• Imipramine</li> </ul>	<ul style="list-style-type: none"> <li>• Nortriptyline</li> <li>• Paroxetine</li> </ul>
Antipsychotic medications	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Clozapine</li> </ul>	<ul style="list-style-type: none"> <li>• Olanzapine</li> <li>• Perphenazine</li> </ul>	
Antimuscarinic (urinary incontinence) medications	<ul style="list-style-type: none"> <li>• Darifenacin</li> <li>• Fesoterodine</li> <li>• Flavoxate</li> </ul>	<ul style="list-style-type: none"> <li>• Oxybutynin</li> <li>• Solifenacin</li> <li>• Tolterodine</li> </ul>	<ul style="list-style-type: none"> <li>• Trosipium</li> </ul>
Antispasmodic medications	<ul style="list-style-type: none"> <li>• Atropine</li> <li>• Clidinium-chlordiazepoxide</li> </ul>	<ul style="list-style-type: none"> <li>• Dicyclomine</li> <li>• Homatropine</li> </ul>	<ul style="list-style-type: none"> <li>• Hyoscyamine</li> <li>• Scopolamine</li> </ul>
Antiemetic medications	<ul style="list-style-type: none"> <li>• Prochlorperazine</li> </ul>	<ul style="list-style-type: none"> <li>• Promethazine</li> </ul>	

## Potential diagnostic considerations for providers

This measure tracks individuals aged 65 or older who have multiple prescriptions for anticholinergic medications. The goal is to identify those with concurrent use of two or more unique anticholinergic drugs for **30 days or less** during the measurement year.<sup>1</sup>

<sup>1</sup> PQA Alliance. (n.d.) Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH). Centers for Medicare & Medicaid Services Measures Inventory Tool. [Internet]. (April 4, 2025). Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH). Centers for Medicare and Medicaid Services Measures Inventory Tool

<sup>2</sup> Ghossein N, Kang M, Lakhkar AD. Anticholinergic Medications. [Updated 2023 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK555893/>

<sup>3</sup> The American Geriatrics Society [AGS]. A Pocket guide to the 2023 AGS Beers Criteria [Internet]. (n.d.) [AGS-2023-BEERS-Pocket-PRINTABLE.pdf](#)