

Description

- This measure quantifies the percentage of elderly patients with concurrent use of ≥ 3 unique central-nervous system (CNS)-active medications.
- Eligible patients must:
 - o Be ≥ 65 years old
 - o Have ≥ 2 claims for the same CNS-active medication
- Each CNS-active medication requires ≥ 2 claims each on different dates of service to be included in the calculation.
- CNS-active medications include prescription opioid cough medications and exclude buprenorphine products indicated for opioid use disorder.
- Concurrent use is the number of days with an overlapping days' supply for ≥ 3 CNS-active medications.

Exclusions

- Enrolled in hospice care
- More than one gap in enrollment or a single gap in enrollment > 31 days long
- First CNS-active medication claim is < 30 days from the end of the measurement period



Did You Know? **

- Patients aged 65 years and older may be at an increased risk from opioid-related harms, such as falls.
- Concomitant use of opioids and benzodiazepines increases the risk of respiratory depression.

** Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1> external icon



Calculation

NUMERATOR =

The number of eligible patients with concurrent use for ≥ 30 days of ≥ 3 unique CNS-active medications

DENOMINATOR =

The number of eligible patients with ≥ 2 claims for the same CNS-active medication

Therapeutic Categories Include*:

Antipsychotics

Benzodiazepines and

Nonbenzodiazepine Sedative/Hypnotics

Opioids

Selective Serotonin Reuptake Inhibitors

Tricyclic Antidepressants

**only includes select medications and dosage forms*