

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue + MedicareSM (HMO-POS D-SNP)

Medication Safety: Reducing Risks With Thoughtful Prescribing and Monitoring

Did you know medication errors impact approximately 1.5 million patients every year in the United States alone? Read on for how you can support your patients.

CMS introduced two Part D Star Measures to enhance medication safety and health outcomes for older adults.

Concurrent Use of Opioids and Benzodiazepines:

- Research shows patients using both opioids and benzodiazepines have up to a tenfold increase in the chance of adverse effects.
- Patients who are aged 18 or older concurrently using prescription opioids and benzodiazepines for at least 30 cumulative overlapping days qualify for the Concurrent use of Opioids and Benzodiazepines measure.

Polypharmacy — Use of Multiple Anticholinergic Medications in Older Adults:

- Approximately 20% of patients aged 65 or older are taking three or more central nervous system (CNS) medications, which increases their risk of hospitalization.¹
- Patients aged 65 or older who use two or more unique anticholinergic (ACH) medications concurrently for at least 30 cumulative overlapping days qualify for the measure.
- Polypharmacy poses significant health risks like increased hospitalization and cognitive impairment.

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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How You Can Support Your Patients

Regularly review data to assess and adjust medication regimens for patients at higher risk of adverse effects.

Configure alerts in the electronic medical record system to flag concurrent use of benzodiazepines and anticholinergic medications.

Avoid initial combination treatments by offering alternative approaches.

If new prescriptions are necessary, minimize both the dose and duration.

Gradually taper off long-standing medications and discontinue whenever possible.

Provide rescue medication, such as naloxone, to high-risk patients on opioids and their caregivers

Important to Consider When Deprescribing

Consider deprescribing tactics and performance oversight. Factors to consider when deprescribing medicines:

1. Assess whether the original indication for the medicine remains relevant.
2. Evaluate whether reported adverse effects could be caused by the medication.
3. Determine if the benefits of medicine still outweigh the risks of potential adverse effects.
4. Consider the patient's therapeutic goals, especially at their current life stage.
5. Check for any changes in the patient's clinical condition that may make the current medicine or dose unsuitable.
6. Explore if there is a more appropriate medicine for the relevant indication

Tip: Describe one medicine at a time to simplify the process for the patient.

References

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Jones, C. M., Paulozzi, L. J., Mack, K. A., and Centers for Disease Control and Prevention (CDC). (2014). Alcohol involvement in opioid pain reliever and benzodiazepine drug abuse-related emergency department visits and drug-related deaths — United States, 2010. *Morbidity and Mortality Weekly Report*, 63(40), 1-9. cdc.gov/mmwr/preview/mmwrhtml/mm6340a1.htm.

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Note

1 Gray, S. L., Marcum, Z. A., Dublin, S., Walker, R., Golchin, N., Rosenberg, D. E., Bowles, E. J., Crane, P., & Larson, E. B. (2020). Association Between Medications Acting on the Central Nervous System and Fall-Related Injuries in Community-Dwelling Older Adults: A New User Cohort Study. *The journals of gerontology. Series A, Biological sciences and medical sciences*, 75(5), 1003–1009. <https://doi.org/10.1093/gerona/glz270>