AMERICAN COLLEGE OF RHEUMATOLOGY
POSITION STATEMENT

SUBJECT: Beers Criteria

PRESENTED BY: Committee on Rheumatologic Care

FOR DISTRIBUTION TO: Members of the ACR
Medicare officials
Pharmacy Benefit Management Companies/Managed Care Entities
Members of Congress

POSITIONS:

1. ACR supports creation and updates for practice guidelines which inform treatment decisions inpatients with musculoskeletal disease including people age 65 and over
2. ACR supports the American Geriatrics Society (AGS) position discouraging the use of the AGS Beers Criteria® for pharmaceutical formulary decisions which do not account for individual diagnoses, signs, symptoms or disease severity
3. ACR strongly discourages use of the AGS Beers Criteria® for punitive measures or quality ratings for individual providers
4. ACR supports further research on safety and efficacy of therapeutics in the elderly

BACKGROUND:

Origin and Evolution of "The Beers Criteria"

The original "Beers criteria" published in 1991 reported a list of 30 criteria for inappropriate use of medications for nursing home residents (1). It was created using a Delphi method survey of 13 North American experts in geriatrics, pharmacology, epidemiology and long-term care. The Beers criteria were updated and modified in 1997, 2003, 2012, 2015, and 2019; since 2011, The American Geriatrics Society (AGS) has been the stewards of the criteria (2). These updates broadened criteria to include therapy for adults aged 65 years and older in *all* ambulatory, acute, and institutionalized settings of care with the exception of hospice and palliative settings. Criteria for inclusion of a potentially inappropriate medication on the AGS Beer's Criteria® list as of 2019 include 1) medications that are potentially inappropriate in most older adults, 2) those that should typically be avoided in older adults with certain conditions, 3) drugs to use with caution, 4) drug-drug interactions, and 5) drug dose adjustment based on kidney function (2).

The authors note that the "intention of the AGS Beers Criteria® is to improve medication selection; educate clinicians and patients; reduce adverse drug events; and serve as a tool for evaluating quality of care, cost, and patterns of drug use of older adult (2)." In a guide published by the AGS in 2015 on the proper use of the AGS Beers Criteria®, the authors state that the "criteria are designed to support, rather than supplant, good clinical judgment (3). For example, the 2015 update recommends avoiding chronic use of non-cyclooxygenase-selective NSAIDs unless other alternatives are not effective, and a patient can take a gastroprotective agent (4). The qualification "unless other alternatives are not effective" supports the need for good clinical judgement in the essential treatment of arthritis pain.

The Beers Criteria and Medicare Policy

When Medicare coverage expanded in 2006 to include prescription drug benefits ("Part D"), the Beers criteria were utilized by researchers and government entities to monitor safety and improve quality. In one study of Medicare beneficiaries without prescription insurance who obtained coverage under Part D, there were "small increases in the use of high-risk medications but no

change in drug-disease interactions (5).” The legal statute which enacted Part D coverage also included a framework for payers to monitor and improve quality through medication therapy management programs. Eventually, with modifications from the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) implemented a 5 Star Rating program for Medicare Advantage prescription drug plans. Prescription drug plans with high-risk medications received lower ratings. The system penalized plans with low ratings through negative publicity and rewards highly-rated plans with monetary bonuses and the ability to market to beneficiaries outside of the usual enrollment period. Partly as a result from review of the 2015 AGS Beers Criteria® and the fact that clinicians’ freedom to individualize patient treatment plans was hindered by the 5 Star Rating System, CMS removed the high-risk medications from the 5 Star Rating system (6).

Prescription Drug Plan Policies

During the time CMS developed its 5 Star Rating system policies, and possibly as a consequence of them, prescription drug plans have taken steps which limit access to medications on the AGS Beers Criteria® and have had adverse consequences on providers and patients. ACR has been informed that some drug plans are currently:

1. Contacting providers (usually by facsimile) about individual prescriptions on the AGS Beers Criteria® list of medications for beneficiaries over age 65
2. Restricting formulary coverage of AGS Beers Criteria® medications for all beneficiaries over 65 and often for those who are not 65 but who receive part D Medicare benefits (ie., SSI disability)
3. Imposing prior authorization constraints for these medications
4. Assigning low quality ratings to providers who prescribe Beers criteria medications

By taking these steps, drug plans are penalizing clinicians for developing individualized treatment plans. The AGS believes that a one size fits all approach is incorrect. For example, drugs on the Beers list are not intended to be completely avoided, but instead, use of such medications should trigger a “warning light” to fully consider the medication in the individual clinical situation. As noted in the companion article to the 2015 AGS Beers Criteria® update, “A key theme underlying these recommendations is to use common sense and clinical judgement in applying the 2015 AGS Beers Criteria, and to remain mindful of nuances in the criteria (3).” It further notes that "... onerous restrictions on the many medications in the criteria that have appropriate use can hinder good clinical care and create the perception that the Beers Criteria are a punitive tool, undercutting their educational function."

SUMMARY:

In summary, the ACR supports the intent of the AGS Beers Criteria® which is to provide evidence-based safety information on therapeutics in the elderly. The ACR opposes the use of the AGS Beers Criteria® for pharmaceutical formulary decisions which do not account for individual diagnoses and disease severity, and also opposes the use of AGS Beers Criteria for punitive measures or quality ratings for individual providers.

References:

1. Beers MH, Ouslander JG, et al. Explicit criteria for determining inappropriate medication use innursing home residents. Arch Intern Med 1991;151:1825–1832
2. The 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2019 Apr;67(4):674-694. doi: 10.1111/jgs.15767. Epub 2019 Jan 29. PMID: 30693946.Steinman M, Beizer J et al. How to Use the AGS 2015 Beers Criteria – A Guide for Patients, Clinicians, Health Systems, and

Payors. J Am Geriatr Soc. 2015 Dec;63(12):e1-e7. doi: 10.1111/jgs.13701. Epub 2015 Oct 8. PMID: 26446776; PMCID: PMC5325682.
3. The American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2015 Nov;63(11):2227-46. doi: 10.1111/jgs.13702. Epub 2015 Oct 8. PMID: 26446832.
4. Donohue JM, Marcum ZA, Gellad WF, Lave JR, Men A, Hanlon JT. Medicare Part D and potentially inappropriate medication use in the elderly. Am J Manag Care. 2012 Sep 1;18(9):e315-22. PMID: 23009330; PMCID: PMC3622552.
5. Announcement of Calendar Year (CY) 2018 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter and Request for Information. https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf Last Accessed March 5, 2022.

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