PRIOR AUTHORIZATION CRITERIA

DRUG CLASS HIGH RISK MEDICATIONS (HRM) CRITERIA

Prior Authorization applies only to patients 70 years of age or older.

DESCRIPTION

ANTIARRHYTHMIC disopyramide

disopyramide extended release

ANTIDEPRESSANT amitriptyline

clomipramine

doxepin capsules, tablets, solution (applies to greater than

6mg daily)

imipramine hydrochloride

imipramine pamoate

trimipramine

ANTIEMETIC scopolamine patch

ANTIHISTAMINE carbinoxamine maleate

clemastine fumarate

cyproheptadine hydrochloride dexchlorpheniramine maleate

diphenhydramine oral

hydroxyzine hydrochloride

hydroxyzine pamoate

promethazine hydrochloride promethazine/phenylephrine

ANTI-INFECTIVE nitrofurantoin

ANTINEOPLASTIC megestrol acetate tab

megestrol acetate suspension

ANTIPARKINSON benztropine mesylate (oral dosage form only)

trihexyphenidyl hydrochloride

ANTIPSYCHOTIC-ANTIDEPRESSANT COMBINATION perphenazine-amitriptyline

ANTISPASMODIC methscopolamine

High Risk Medications (HRM Long List) PA with Age Policy 698-B UDR 02-2024

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BARBITURATE phenobarbital

BARBITURATE-ANALGESIC butalbital-apap

butalbital-apap-caffeine butalbital-asa-caffeine

butalbital-apap-caffeine w/codeine butalbital-asa-caffeine w/codeine

CARDIOVASCULAR digoxin tablets, oral solution (applies to greater than 0.125mg

daily)

guanfacine

methyldopa, methyldopa/hctz

CNS/ADHD guanfacine extended release

ESTROGEN (ORAL) conjugated estrogens

(includes combination drugs) conjugated estrogen synthetic A and B

conjugated estrogen-medroxyprogesterone acetate

esterified estrogens

estradiol

estradiol-drospirenone, estradiol- norethindrone,

estradiol-estradiol norgestimate, estropipate, conjugated

estradiol-progesterone cap (Bijuva) estrogens/bazedoxifene (Duavee)

ESTROGEN (TOPICAL) estradiol, estradiol-levonorgestrel, estradiol-norethindrone

HYPOGLYCEMIC (ORAL) glyburide, glyburide-metformin, glyburide micronized

NON-BENZODIAZEPINE eszopiclone SEDATIVE - HYPNOTIC zaleplon

zolpidem immediate-release zolpidem extended-release

zolpidem sublingual zolpidem spray

NON-STEROIDAL ANTI-INFLAMMATORY ketorolac tromethamine tablets

SKELETAL MUSCLE carisoprodol

RELAXANT (includes carisoprodol/asa/codeine

combination drugs) chlorzoxazone

cyclobenzaprine hydrochloride

metaxalone

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methocarbamol orphenadrine citrate extended release orphenadrine/asa/caffeine

VASODILATOR dipyridamole (oral dosage form only)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization with Age

POLICY

COVERAGE CRITERIA

Authorization may be granted for the requested drug when the following criteria is met:

 The American Geriatrics Society identifies the use of this medication as potentially inappropriate in older adults, meaning it is best avoided, prescribed at reduced dosage, or used with caution or carefully monitored. The prescriber must acknowledge that the benefit of therapy with this prescribed medication outweighs the potential risks for this patient

DURATION OF APPROVAL (DOA)

• 698-B: DOA: 12 months

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