

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	HIGH RISK MEDICATIONS (HRM) CRITERIA
Prior Authorization applies only to patients 70 years of age or older.	
<u>DESCRIPTION</u>	
ANTIARRHYTHMIC	disopyramide disopyramide extended release
ANTIDEPRESSANT	amitriptyline clomipramine doxepin capsules, tablets, solution (<i>applies to greater than 6mg daily</i>) imipramine hydrochloride imipramine pamoate trimipramine
ANTIEMETIC	scopolamine patch
ANTI HISTAMINE	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 (<i>applies to greater than 0.125mg daily</i>) guanfacine methyldopa, methyldopa/hctz
CNS/ADHD	guanfacine extended release
ESTROGEN (ORAL) (includes combination drugs)	conjugated estrogens 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 SEDATIVE - HYPNOTIC	eszopiclone zaleplon zolpidem immediate-release zolpidem extended-release zolpidem sublingual zolpidem spray
NON-STEROIDAL ANTI-INFLAMMATORY	ketorolac tromethamine tablets
SKELETAL MUSCLE RELAXANT (includes combination drugs)	carisoprodol carisoprodol/asa/codeine 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

REFERENCES

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