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** **Megace ES oral suspension**
ANTIPARKINSON	**benztropine mesylate (oral dosage form only)** **trihexyphenidyl hydrochloride**
ANTIPSYCHOTIC-ANTIDEPRESSANT COMBINATION	**perphenazine-amitriptyline**
ANTISPASMODIC	**methscopolamine**

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) (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 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** **methocarbamol**

	orphenadrine citrate extended release **orphenadrine/asa/caffeine**
VASODILATOR	**dipyridamole (oral dosage form only)**

Status: CVS Caremark Criteria
Type: Initial Prior Authorization ***Ref # 698-B***

** Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.*

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are 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

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines.

Adverse Drug Events (ADEs) contribute significantly to healthcare costs and hospitalization in the elderly population and may result from use of PIMs (potentially inappropriate medications), which may be less tolerable in the elderly because of adverse pharmacodynamics, pharmacokinetics or drug disease interactions. The Beers Criteria were first introduced in 1991.The gold standard for more than 20 years for defining PIMs has been the Beers criteria.[1]

Inappropriate drug prescribing can be defined as the use of medications whose risks outweigh the benefits. One common approach to this issue has been development of explicit “drugs-to-avoid” criteria. These criteria were initially developed by Dr. Mark H. Beers and later updated. Drugs-to-avoid lists include medications that should be avoided in any circumstance, doses that should not be exceeded, and drugs to avoid in patients with specific disorders. The National Committee for Quality Assurance (NCQA) assessed the Beers criteria as a quality indicator for ambulatory care. In 2002, NCQA convened a Medication Management Technical Subgroup. The NCQA has provided medication measures included in the U.S. Health Plan Employer Data and Information Set (HEDIS) as part of the standard assessment of quality in ambulatory care.[2,3] NCQA and the Pharmacy Quality Alliance (PQA) utilize the American Geriatrics Society (AGS) Beers Criteria to designate the quality measure Use of High-Risk Medications in the Elderly (HRM). The Centers for Medicare and Medicaid Services (CMS) utilize the HRM measure to monitor and evaluate the quality of care provided to Medicare beneficiaries. NCQA additionally uses the AGS Beers Criteria to designate the quality measure Potentially Harmful Drug–Disease Interactions in the Elderly.[6] In 2019, the American Geriatrics Society updated the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.[5]

In addition to the HRM quality measure, the 2020 PQA Measure Manual introduces two new measures to assess patient safety in older adults. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH) is defined as the percentage of individuals ≥ 65 years of age with concurrent use of ≥ 2 unique anticholinergic medications. Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS) is defined as the percentage of individuals ≥ 65 years of age with concurrent use of ≥ 3 unique central-nervous system (CNS)-active medications. For both of these measures, a lower rate indicates better performance.[7]

For the requested drug, coverage can be provided if the prescriber acknowledges that the benefit of therapy with the prescribed medication outweighs the potential risks.

The HRM Criteria will be applied for requests only for elderly patients 70 years of age or older.

REFERENCES

1. Barclay, L. New Criteria Define Inappropriate Meds in Older Inpatients. Medscape Medical News (online). June 2011; http://www.medscape.com/viewarticle/744559. Accessed January 2021.
2. NCQA.2019. (online) https://www.ncqa.org/hedis/measures/hedis-2019-ndc-license/hedis-2019-final-ndc-lists/. Accessed January 2021.
3. Steven, A., Colombi, A., et al. Potentially Inappropriate Medications and Risk of Hospitalization in Retirees. Drugs Aging 2010 May; 27(5):407-415.
4. Patient Safety Analysis: HRM Measures – Report User Guide. August 2018. Acumen LLC.
5. The American Geriatrics Society 2019 Beers Criteria Update Expert Panel. American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. American Geriatrics Society. 2019.
6. Hanlon, Joseph T, PharmD, MS, Semla, Todd P. MS, PharmD and Schmader, Kenneth E. MD. Alternative Medications for Medications in the Use of High-Risk Medications in the Elderly and Potentially Harmful Drug–Disease Interactions in the Elderly Quality Measures. Journal of American Geriatrics Society.2015.
7. Pharmacy Quality Alliance. 2020 PQA Measure Manual. Pharmacy Quality Alliance. February 2020.
8. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed January 2021.
9. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed January 2021.

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CRITERIA FOR APPROVAL

1	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. Does the benefit of therapy with this prescribed medication outweigh the potential risks for this patient?	Yes	No

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS – DO NOT USE FOR MEDICARE PART D**
1.	Approve, 12 Months	Deny	You do not meet the requirements of your plan. Your plan covers this drug when your doctor says that the benefit of the drug is greater than the risk. Your request has been denied based on the information we have. [Short Description: The benefit of the drug is not greater than the risk.]