

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 (<i>applies to greater than 6mg daily</i>) imipramine hydrochloride imipramine pamoate trimipramine
ANTIEMETIC	scopolamine patch
ANTIHISTAMINE	carbinoxamine maleate clemastine fumarate ciproheptadine hydrochloride 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
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, methyldopate
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
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

MDC-1
Ref # 698-A

* Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated

POLICY

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 medication benefits outweigh potential risks for this patient.

REFERENCES

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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. July 2017. Acumen LLC.
5. The American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. American Geriatrics Society. 2015.

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