

# 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

### ANTI HISTAMINE

carbinoxamine maleate  
clemastine fumarate  
cyproheptadine hydrochloride  
hydroxyzine hydrochloride  
hydroxyzine pamoate  
promethazine hydrochloride  
promethazine/phenylephrine

### ANTI-INFECTIVE

nitrofurantoin

<b>ANTINEOPLASTIC</b>	megestrol acetate Megace ES oral suspension
<b>ANTIPARKINSON</b>	benztropine mesylate (oral dosage form only) trihexyphenidyl hydrochloride
<b>ANTIPSYCHOTIC- ANTIDEPRESSANT COMBINATION</b>	perphenazine-amitriptyline
<b>ANTISPASMODIC</b>	methscopolamine
<b>BARBITURATE</b>	phenobarbital
<b>BARBITURATE-ANALGESIC</b>	butalbital-apap butalbital-apap-caffeine butalbital-asa-caffeine butalbital-apap-caffeine w/codeine butalbital-asa-caffeine w/codeine
<b>CARDIOVASCULAR</b>	digoxin tablets, oral solution ( <i>applies to greater than 0.125mg daily</i> ) guanfacine methyldopa, methyldopa/hctz, methyldopate
<b>CNS/ADHD</b>	guanfacine extended release
<b>ESTROGEN (ORAL) (includes combination drugs)</b>	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)
<b>ESTROGEN (TOPICAL)</b>	estradiol, estradiol-levonorgestrel, estradiol-norethindrone
<b>HYPOGLYCEMIC (ORAL)</b>	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**

*\* 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.*

**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 the benefit of therapy with this prescribed medication outweighs the 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. August 2018. Acumen LLC.
5. The American Geriatrics Society 2019 Beers Criteria Update Expert Panel. American Geriatrics Society 2019 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. American Geriatrics Society. 2019.

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7. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed November 2018.
8. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed November 2018.