

Reference number(s) 698-B

Prior Authorization Criteria High Risk Medications (HRM) Criteria

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

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

Description	Generic Name
Antiarrhythmic	disopyramidedisopyramide 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

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Description	Generic Name
Antineoplastic	megestrol acetate tabmegestrol acetate 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 estrogen synthetic A and B conjugated estrogen-medroxyprogesterone acetate esterified estrogens estradiol estradiol-drospirenone estradiol-norethindrone estradiol-estradiol norgestimate estropipate, conjugated estradiol-progesterone cap estrogens-bazedoxifene
Estrogen (Topical)	estradiolestradiol-levonorgestrelestradiol-norethindrone
Hypoglycemic (Oral)	glyburideglyburide-metforminglyburide micronized

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Description	Generic Name
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)

Coverage Criteria

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

 The use of this medication is 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

- The American Geriatrics Society 2023 Beers Criteria Update Expert Panel. American Geriatrics Society 2023 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Journal of the American Geriatrics Society. 2023 July; 71(7): C1, 2033-2357.
- 2. 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

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Potentially Harmful Drug-Disease Interactions in the Elderly Quality Measures. Journal of American Geriatrics Society. 2015.

- 3. Pharmacy Quality Alliance. PQA Measures Overview. Available https://www.pqaalliance.org/measures-overview. Accessed January 14, 2025.
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