

# Commonly Prescribed Medications with Age Restrictions



Certain prescribed medications on [Wellcare's drug formulary](#) may require prior authorization (PA) based on the member's age.

The table below lists potential alternatives that do not require a PA. Please note these alternatives are suggested based on possible shared indications and may be considered high risk in older populations. We recognize that management of each patient's drug therapy is dependent upon a patient's whole clinical presentation and that specific alternative medications should be determined by prescribers.

| Medication                                     | Age Edit         | Potential Alternative(s) Not Requiring PA*  |
|--|------------------|---|
| <b>Benzotropine Mesylate</b>                   | PA if ≥ 65 years | Amantadine, carbidopa/levodopa, pramipexole, or ropinirole  |
| <b>Clorazepate Dipotassium</b>                 | PA if ≥ 65 years | SSRIs <sup>‡</sup> , SNRIs  |
| <b>Cyclobenzaprine HCl</b>                     | PA if ≥ 65 years | Baclofen or tizanidine  |
| <b>Cyproheptadine HCl</b>                      | PA if ≥ 65 years | Cetirizine, levocetirizine, desloratadine, azelastine nasal <sup>‡</sup> , fluticasone nasal <sup>‡</sup> , or flunisolide nasal <sup>‡</sup> |
| <b>Diazepam</b>                                | PA if ≥ 65 years | SSRIs <sup>‡</sup> , SNRIs  |
| <b>Hydroxyzine HCl<br/>Hydroxyzine Pamoate</b> | PA if ≥ 65 years | Buspirone, duloxetine <sup>‡</sup> , escitalopram, sertraline, or venlafaxine ER  |
| <b>Phenobarbital</b>                           | PA if ≥ 65 years | Divalproex sodium, lamotrigine, levetiracetam   |
| <b>Promethazine HCl</b>                        | PA if ≥ 65 years | Cetirizine, levocetirizine, desloratadine, azelastine nasal <sup>‡</sup> , fluticasone nasal <sup>‡</sup> , or flunisolide nasal <sup>‡</sup> |
| <b>Scopolamine</b>                             | PA if ≥ 65 years | Ondansetron, meclizine  |
| <b>Temazepam</b>                               | PA if ≥ 65 years | Doxepin (3 mg or 6 mg) <sup>‡</sup>   |
| <b>Trihexyphenidyl HCl</b>                     | PA if ≥ 65 years | Amantadine, carbidopa/levodopa, pramipexole, or ropinirole  |

SSRIs: Selective serotonin reuptake inhibitors; SNRIs: Serotonin-norepinephrine reuptake inhibitors; RAAS: Renin-angiotensin-aldosterone system.\* This is not a complete list of all formulary alternatives.<sup>‡</sup> May have a quantity limit per month in place.<sup>‡</sup> SSRIs with safest adverse effect profile in the elderly: citalopram, escitalopram and sertraline.

## Coverage Determination Requests

If an alternative medication is inappropriate for your patient or is unavailable, PAs can be submitted electronically with [Cover My Meds](#) (Wellcare's preferred method) or by fax or mail. For more information, please visit [Wellcare.com/flprovider](#) or call Provider Services at 1-855-538-0454.