



BENZODIAZEPINES AND BARBITUATES PA SUMMARY

| Preferred | Non-Preferred |
|---|---|
| <p><u>Benzodiazepines</u> Alprazolam immediate release Chlordiazepoxide Clorazepate Dipotassium Diazepam Estazolam Flurazepam Lorazepam Oxazepam Temazepam 15mg, 30mg Triazolam</p> <p><u>Non-Benzodiazepine Sedative Hypnotics</u> Zaleplon Zolpidem</p> | <p><u>Benzodiazepines</u> Alprazolam ER Alprazolam ODT Midazolam Doral Temazepam 7.5mg, 22.5mg Clonazepam ODT</p> <p><u>Barbiturates</u> Amytal Butisol Phenobarbital injection Seconal</p> |

LENGTH OF AUTHORIZATION: 6 months unless otherwise stated

NOTE: *If member is receiving concurrent therapy with more than one benzodiazepine, please refer to the Benzodiazepine Therapeutic Duplication PA criteria. If medication is being administered in a physician’s office, then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov.*

PA CRITERIA:

For Alprazolam ODT or Clonazepam ODT

- ❖ Approvable for members who are unable to swallow solid oral dosage forms of medications (ex. tablets, capsules) and who have tried and failed at least two of the following: alprazolam oral solution, diazepam oral solution, or lorazepam oral solution

For Temazepam 7.5mg or 22.5mg

- ❖ Member must be unable to use the preferred temazepam strengths (15mg or 30mg) and must have tried and failed at least 3 medications in the preferred column.

For Midazolam

- ❖ Approvable for the short-term treatment of insomnia in members who have tried and failed at least 3 medications in the preferred column

For Doral

- ❖ Member must have tried and failed at least 3 medications in the preferred column.

For Alprazolam ER

- ❖ Approvable for panic disorder, with or without agoraphobia, in members who have tried and failed immediate-release alprazolam

For Amytal



- ❖ Approvable for insomnia when a written letter of medical necessity supports the reason(s) why preferred benzodiazepines and preferred non-benzodiazepine sedative hypnotics are not appropriate for the member

For Phenobarbital Injection

- ❖ Approvable for insomnia in members who are unable to use oral dosage forms of medication (tablets, capsules, elixir) when a written letter of medical necessity supports the reason(s) why preferred benzodiazepines and preferred non-benzodiazepine sedative hypnotics are not appropriate for the member

For Other Non-Preferred Barbiturates

- ❖ Submit a written letter of medical necessity stating the reason(s) why preferred benzodiazepines and preferred non-benzodiazepine sedative hypnotics are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.