

BENZODIAZEPINES PA SUMMARY

PREFERRED	All generic products (PA required for > 3 Rxs per year).
NON-PREFERRED	All branded products with generics available
NOT COVERED	Doral, Klonopin Wafer, Niravam, Xanax XR

LENGTH OF AUTHORIZATION: Varies from 3 months to 1 year depending on diagnosis.

NOTE: *Members < 21 years old do not require prior authorization for these products. Prior authorization is not required for adults for the first three prescriptions per year. After the initial three prescription limit, the below prior authorization criteria will apply for adult members for all preferred products in this class. Non-preferred agents must satisfy the below criteria as well as require submission of a Georgia Watch Form which can be found in the Pharmacy Services Manual, Part II.*

PA CRITERIA:

- ❖ Have the one of the following indications or diagnoses:
 - muscle spasm associated with cerebral palsy, MS, tetanus, or spinal cord injuries;
 - generalized anxiety disorder (GAD) or panic disorder;
 - seizure disorder;
 - restless leg syndrome not associated with iron deficiency;
 - chemotherapy-induced nausea;
 - psychogenic catatonia;
 - post myocardial infarction (MI);
 - alcohol withdrawal; or
 - insomnia

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full

list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.