



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANXIOLYTICS, BENZODIAZEPINES AND BARBITURATES PA SUMMARY**

Preferred	Non-Preferred
N/A	Meprobamate generic
<i>Anxiolytic Benzodiazepines</i>	
Alprazolam IR generic Chlordiazepoxide generic Clorazepate dipotassium generic Diazepam generic Lorazepam generic Oxazepam generic	Alprazolam ER generic Alprazolam ODT generic Clonazepam ODT generic
<i>Sedative Benzodiazepines</i>	
Temazepam 15 mg, 30 mg generic Triazolam generic	Estazolam generic* Flurazepam generic* Midazolam generic Temazepam 7.5 mg, 22.5 mg generic
<i>Non-Benzodiazepines Sedative Hypnotics</i>	
Zaleplon generic Zolpidem generic	N/A
<i>Barbiturates</i>	
Phenobarbital tablets generic	Amytal (amobarbital) Butisol (butalbital) Phenobarbital injection generic Seconal (secobarbital)

*Does not require prior authorization; IR=immediate-release; ER=extended-release; ODT=orally disintegrating tablets

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Estazolam generic and flurazepam generic are non-preferred but do not require prior authorization.
- If member is receiving concurrent therapy with more than one benzodiazepine, please refer to the Benzodiazepine Therapeutic Duplication PA criteria below.
- 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:

Meprobamate Generic

- ❖ Approvable for members 6 years of age or older with a diagnosis of anxiety who have tried and failed to achieve an adequate response with at least 3 medications used for anxiety.

Alprazolam ER

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

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 to achieve an adequate response with at least two of the following: alprazolam oral solution, diazepam oral solution and lorazepam oral solution.

Midazolam

- ❖ Approvable for the short-term treatment of insomnia in members who have tried and failed to achieve an adequate response with lorazepam, temazepam 15 mg or 30 mg and triazolam.

Temazepam 7.5 mg or 22.5 mg

- ❖ Member must be unable to use the preferred temazepam strengths (15 mg or 30 mg) and must have tried and failed to achieve an adequate response with lorazepam and triazolam.

Amytal, Butisol and Seconal

- ❖ For members with a diagnosis of insomnia, prescriber must submit a written letter of medical necessity stating the reasons the preferred benzodiazepine sedative hypnotics and preferred non-benzodiazepine sedative hypnotics are not appropriate for the member.

Phenobarbital Injection

- ❖ For members with a diagnosis of insomnia who are unable to use oral dosage forms of medication (tablets, capsules, elixir), prescriber must submit a written letter of medical necessity stating the reasons the preferred benzodiazepine sedative hypnotics and preferred non-benzodiazepine sedative hypnotics are not appropriate for the member.

Benzodiazepine Therapeutic Duplication

- ❖ For anxiolytic benzodiazepines, duplication is approvable for members with a diagnosis of seizure disorder along with another diagnosis (anxiety, panic disorder, alcohol withdrawal, insomnia, etc.), for members with a diagnosis of seizure disorder or another diagnosis (anxiety, panic disorder, alcohol withdrawal, insomnia, etc.) who are being prescribed a second benzodiazepine for use prior to surgical procedure or for members who have failed one anxiolytic benzodiazepine (stopped therapy) and have been prescribed another in a 30-day period.
- ❖ For sedative hypnotic benzodiazepines, approvable for members who have failed one sedative hypnotic benzodiazepine (stopped therapy) and have been prescribed another in a 30-day period.



EXCEPTIONS:

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

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.