



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

Preferred	Non-Preferred
<u>Anxiolytics</u> n/a	<u>Anxiolytics</u> Meprobamate generic
<u>Anxiolytic Benzodiazepines</u> Alprazolam IR generic Chlordiazepoxide generic Clonazepam tablets generic Diazepam generic Lorazepam immediate-release generic	<u>Anxiolytic Benzodiazepines</u> Alprazolam ER, ODT, concentrate generic Clonazepam ODT generic Clorazepate generic Loreev XR (lorazepam extended-release) Oxazepam generic
<u>Sedative Benzodiazepines</u> Temazepam 15 mg, 30 mg generic Triazolam generic	<u>Sedative Benzodiazepines</u> Estazolam generic* Midazolam generic Quazepam generic Temazepam 7.5 mg, 22.5 mg generic
<u>Non-Benzodiazepine Sedative Hypnotics</u> Eszopiclone generic Zaleplon generic Zolpidem IR and ER generic	
<u>Barbiturates</u> Phenobarbital injection generic Phenobarbital generic	<u>Barbiturates</u> Amytal (amobarbital)

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

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Estazolam generic is non-preferred but does 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 Generic

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

Alprazolam ODT Generic, Alprazolam Concentrate Generic and Clonazepam ODT Generic

- ❖ 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 diazepam oral solution and lorazepam oral solution.

Clorazepate Generic and Oxazepam Generic

- ❖ Approvable for members who have tried and failed to achieve an adequate response with at least two of the following: alprazolam, chlordiazepoxide, clonazepam, diazepam and lorazepam.

Loreev XR

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons lorazepam immediate-release tablets as well as all other preferred anxiolytic benzodiazepines are not appropriate for the member.

Midazolam or Quazepam

- ❖ 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

- ❖ 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.

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 www.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.