



BENZODIAZEPINES AND BARBITURATES PA SUMMARY

Preferred	Non-Preferred
<p><u>Anxiolytic Benzodiazepines</u> Alprazolam immediate release Chlordiazepoxide Clorazepate Dipotassium Diazepam Lorazepam Oxazepam</p> <p><u>Sedative Hypnotic Benzodiazepines</u> Estazolam Flurazepam Temazepam 15mg, 30mg Triazolam</p> <p><u>Non-Benzodiazepine Sedative Hypnotics</u> Zaleplon Zolpidem</p>	<p><u>Anxiolytic Benzodiazepines</u> Alprazolam ER Alprazolam ODT Clonazepam ODT</p> <p><u>Sedative Hypnotic Benzodiazepines</u> Midazolam Doral Temazepam 7.5mg, 22.5mg</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 use the Benzodiazepine Therapeutic Duplication PA criteria located at the end of the document. 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.

For Benzodiazepine Therapeutic Duplication

- ❖ More than one anxiolytic benzodiazepine may be approved for members with seizure disorder along with a psychiatric diagnosis (anxiety, panic disorder, alcohol withdrawal, insomnia, etc).
- ❖ More than one anxiolytic benzodiazepine may be approved for members with a seizure disorder or psychiatric diagnosis when one prescription is for use prior to a surgical procedure.
- ❖ Exceptions may be allowed when a member has discontinued one benzodiazepine during a 30-day period and another one has been initiated.

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.