

ALASKA MEDICAID
Prior Authorization Criteria

Oral Benzodiazepines

FDA INDICATIONS AND USAGE

Benzodiazepines enhance the effect of the neurotransmitter gamma-aminobutyric acid (GABA) at the GABA_A receptor, resulting in sedative, hypnotic (sleep-inducing), anxiolytic (anti-anxiety), anticonvulsant, and muscle relaxant properties.

Alprazolam (Xanax®, Xanax XR®, Alprazolam Intensol®, Niravam ODT®)
Chlordiazepoxide (Librium®)
Clonazepam (Klonopin®)
Clorazepate (Tranxene-T®)
Diazepam (Valium, Diazepam Intensol®)
Estazolam (ProSom®)
Flurazepam (Dalmane®)
Lorazepam (Ativan®, Lorazepam Intensol®)
Oxazepam (Serax®)
Quazepam (Doral®)
Temazepam (Restoril®)
Triazolam (Halcion®)

CRITERIA (only applies to oral benzodiazepines listed)^{1,2}

1. Prior authorization will be required for benzodiazepines **that exceed current quantity limits** outlined in Table 1. A treatment plan, clinical evidence based rationale and demonstration of medical necessity will need to be submitted for consideration if maximum daily dose is exceeded. The prescriber must also attest to checking the PDMP.
2. Prior authorization will be required when a patient has three or more different benzodiazepines within the last 30 days. A treatment plan, clinical evidence based rationale and demonstration of medical necessity will need to be submitted for consideration. The prescriber must also attest to checking the PDMP.
3. Patients with a seizure diagnosis will automatically be approved if dosing limits listed in Table 1 have been exceeded and more than one benzodiazepine in a month is needed.

DENIAL CRITERIA^{3,4}

1. All prescriptions for benzodiazepines **that exceed current quantity limits** outlined in Table 1, when taken concurrently with opioids will be denied due to increased risk of drug interaction, overdose, and death. The prescriber is encouraged to consider reducing the benzodiazepine and/or opioid dosages.

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DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Re-authorization: up to 12 months with clinically meaningful chart notes showing the patient is responding positively to therapy.

QUANTITY LIMITS

TABLE 1. ORAL BENZODIAZEPINE DOSING LIMITS

GENERIC NAME	STRENGTH	ROUTE OF ADMIN	MAX UNITS PER 30 DAYS	MAXIMUM UNITS
ALPRAZOLAM	0.25 MG	ORAL	120	4 PER DAY
ALPRAZOLAM	0.5 MG	ORAL	120	4 PER DAY
ALPRAZOLAM	1 MG	ORAL	120	4 PER DAY
ALPRAZOLAM	2 MG	ORAL	90	3 PER DAY
ALPRAZOLAM	1 MG/ML	ORAL	90ML	3ML PER DAY
ALPRAZOLAM ER	0.5 MG	ORAL	60	2 PER DAY
ALPRAZOLAM ER	1 MG	ORAL	60	2 PER DAY
ALPRAZOLAM ER	2 MG	ORAL	60	2 PER DAY
ALPRAZOLAM ER	3 MG	ORAL	60	2 PER DAY
ALPRAZOLAM ODT	0.25 MG	ORAL	120	4 PER DAY
ALPRAZOLAM ODT	0.5 MG	ORAL	120	4 PER DAY
ALPRAZOLAM ODT	1 MG	ORAL	90	3 PER DAY
ALPRAZOLAM ODT	2 MG	ORAL	60	2 PER DAY
CHLORDIAZEPOXIDE HCL	10 MG	ORAL	120	4 PER DAY
CHLORDIAZEPOXIDE HCL	25 MG	ORAL	180	6 PER DAY
CHLORDIAZEPOXIDE HCL	5 MG	ORAL	120	4 PER DAY
CLONAZEPAM	0.5 MG	ORAL	120	4 PER DAY
CLONAZEPAM	1 MG	ORAL	120	4 PER DAY
CLONAZEPAM	2 MG	ORAL	90	3 PER DAY
CLONAZEPAM ODT	0.125 MG	ORAL	90	3 PER DAY
CLONAZEPAM ODT	0.25 MG	ORAL	90	3 PER DAY
CLONAZEPAM ODT	0.5 MG	ORAL	90	3 PER DAY
CLONAZEPAM ODT	1 MG	ORAL	90	3 PER DAY
CLONAZEPAM ODT	2 MG	ORAL	60	2 PER DAY
CLORAZEPATE	3.75MG	ORAL	90	3 PER DAY
CLORAZEPATE	7.5MG	ORAL	90	3 PER DAY
CLORAZEPATE	15MG	ORAL	120	4 PER DAY
DIAZEPAM	5 MG/5 ML	ORAL	900ML	30ML PER DAY
DIAZEPAM	5 MG/ML	ORAL	180ML	6ML PER DAY
DIAZEPAM	10 MG	ORAL	90	3 PER DAY
DIAZEPAM	2 MG	ORAL	120	4 PER DAY
DIAZEPAM	5 MG	ORAL	120	4 PER DAY
DIAZEPAM	5 MG/5 ML	ORAL	900ML	30ML PER DAY
ESTAZOLAM	1 MG	ORAL	30	1 PER DAY
ESTAZOLAM	2 MG	ORAL	30	1 PER DAY
FLURAZEPAM HCL	15 MG	ORAL	30	1 PER DAY
FLURAZEPAM HCL	30 MG	ORAL	30	1 PER DAY
LORAZEPAM	0.5 MG	ORAL	120	4 PER DAY
LORAZEPAM	1 MG	ORAL	120	4 PER DAY
LORAZEPAM	2 MG	ORAL	90	3 PER DAY
LORAZEPAM	2 MG/ML	ORAL	90ML	3 ML PER DAY
OXAZEPAM	10 MG	ORAL	90	3 PER DAY
OXAZEPAM	15 MG	ORAL	90	3 PER DAY
OXAZEPAM	30 MG	ORAL	120	4 PER DAY
QUAZEPAM	15 MG	ORAL	30	1 PER DAY
TEMAZEPAM	15 MG	ORAL	30	1 PER DAY
TEMAZEPAM	30 MG	ORAL	30	1 PER DAY
TEMAZEPAM	7.5 MG	ORAL	30	1 PER DAY
TEMAZEPAM	22.5 MG	ORAL	30	1 PER DAY
TRIAZOLAM	0.125 MG	ORAL	30	1 PER DAY
TRIAZOLAM	0.25 MG	ORAL	30	1 PER DAY

benzodiazepine Criteria

Version: 1

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REFERENCES / FOOTNOTES:

1. Kroll, D; Nieva, H; et al. Benzodiazepines are Prescribed More Frequently to Patients Already at Risk for Benzodiazepine-Related Adverse Events in Primary Care. [J Gen Intern Med](#). 2016 Sep; 31(9): 1027–1034. Published online 2016 May 13. Accessed 3/14/2019.
2. Agarwal, S; Landon, B. Patterns in Outpatient Benzodiazepine Prescribing in the United States. *JAMA Netw Open*:(1)2;2019 .e187399. doi:10.1001/jamanetworkopen.2018.7399. Accessed 3/14/2019.
3. Simon, J; Gehret, J; et al. Concomitant use of opioids and benzodiazepines in the outpatient setting: A retrospective study. [PM R](#). 2018 Sep 19. pii: S1934-1482(18)30926-2. doi: 10.1016/j.pmrj.2018.09.026. Accessed 3/14/2019.
4. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *Recommendations and Reports* / March 18, 2016 / 65(1);1–49. https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm Accessed 3/14/2019.