

Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: 11/2020
Policy Number: PHW.PDL.090	Effective Date: 01/01/2020 Revision Date: 11/2020
Policy Name: Anxiolytics	
<p>Type of Submission – <u>Check all that apply:</u></p> <p> <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Annual Review - No Revisions <input checked="" type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> </p>	
<p>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>Q1 2021: policy revised according to DHS revisions effective 01/05/2021</p>	
<p>Name of Authorized Individual (Please type or print):</p> <p>Auren Weinberg, MD</p>	<p>Signature of Authorized Individual:</p> 

Clinical Policy: Anxiolytics

Reference Number: PHW.PDL.090

Effective Date: 01/01/2020

Last Review Date: 11/2020

[Revision Log](#)

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health and Wellness® that Anxiolytics are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Anxiolytics

A. Prescriptions That Require Prior Authorization

Prescriptions for Anxiolytics that meet any of the following conditions must be prior authorized:

1. A non-preferred Anxiolytic.
2. An Anxiolytic with a prescribed quantity that exceeds the quantity limit.
3. An Anxiolytic benzodiazepine when prescribed for a beneficiary under 21 years of age.
4. An Anxiolytic benzodiazepine when a beneficiary has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder.
5. An Anxiolytic benzodiazepine when there is a record of a recent paid claim for another benzodiazepine (excluding clobazam and benzodiazepines indicated for the acute treatment of increased seizure activity [e.g., rectal and nasal formulations]) (therapeutic duplication).
6. A prescription for an Anxiolytic benzodiazepine when there is a record of 2 or more paid claims for any benzodiazepine (excluding clobazam and benzodiazepines indicated for the acute treatment of increased seizure activity [e.g., rectal and nasal formulations]) within the past 30 days.

B. Clinical Review Guidelines and Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Anxiolytic, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For an Anxiolytic benzodiazepine for a beneficiary under 21 years of age, **one** of the following:
 - a. Has a diagnosis of **one** of the following:
 - i. Seizure disorder,
 - ii. Chemotherapy induced nausea and vomiting,
 - iii. Cerebral palsy,
 - iv. Spastic disorder,
 - v. Dystonia

b. Is receiving palliative care;

AND

2. For an Anxiolytic benzodiazepine for a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder, **both** of the following:
 - a. Is prescribed the buprenorphine agent and the benzodiazepine by the same prescriber or, if prescribed by different prescribers, all prescribers are aware of the other prescription(s)
 - b. Has an acute need for therapy with the benzodiazepine;

AND

3. For therapeutic duplication, **one** of the following:
 - a. Is being titrated to or tapered from a drug in the same class
 - b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

AND

4. When there is a record of 2 or more paid claims for a benzodiazepine, **both** of the following:
 - a. The multiple prescriptions are consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines
 - b. The multiple prescriptions are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s);

AND

5. For a non-preferred Anxiolytic, has a history of therapeutic failure, contraindication, or intolerance of the preferred Anxiolytics; **AND**
6. For an Anxiolytic that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance), **one** of the following:
 - a. Meets the guidelines in B.1.
 - b. Has documentation that the prescriber or the prescriber’s delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary’s controlled substance prescription history;

AND

7. If a prescription for an Anxiolytic is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Overrides.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Anxiolytic. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. Approval Duration:

- o **New request: 6 months**
- o **Renewal request: 12 months**

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021: policy revised according to DHS revisions effective 01/05/2021	11/2020