

## Clinical Policy: Anxiolytics

Reference Number: PHW.PDL.090

Effective Date: 01/01/2020

Last Review Date: 11/2025

### 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 PA Health & 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 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).
4. 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.
5. An Anxiolytic benzodiazepine when prescribed for a member under 21 years of age.
6. An Anxiolytic benzodiazepine when a member has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder.

#### 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 member:

1. For an Anxiolytic benzodiazepine for a member 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
    - vi. Catatonia
  - b. Has symptoms of severe acute anxiety and **both** of the following:
    - i. Has chart documented evidence of a comprehensive evaluation
    - ii. Is prescribed the Anxiolytic benzodiazepine by or in consultation with a psychiatrist,
  - c. Is receiving palliative care;

**AND**

2. For an Anxiolytic benzodiazepine for a member 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 of a benzodiazepine, **one** of the following:
  - a. Is being titrated to or tapered from another benzodiazepine
  - 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 within the past 30 days, **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. 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 member 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 member, 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 member.

**D. Approval Duration:**

For members younger than 21 years old for symptoms of severe acute anxiety will be approved for up to 2 weeks

For members older than 21 years old

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

**E. References**

1. Leonte, K.G, et.al. Pharmacotherapy for anxiety disorders in children and adolescents. Up To Date. Accessed 7/25/23

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
Q1 2022: policy revised according to DHS revisions effective 01/03/2022	10/2021

Reviews, Revisions, and Approvals	Date
Q1 2023 annual review: no changes.	11/2022
Q1 2024: revised according to DHS revisions effective 01/08/2024	11/2023
Q1 2025 annual review: no changes.	11/2024
Q1 2026 annual review: no changes.	11/2025