



## Clinical Policy: Anxiolytics

Reference Number: PHW.PDL.090

Effective Date: 01/01/2020

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[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

A prescription for an Anxiolytic that meets any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Anxiolytic.
2. A prescription for an Anxiolytic with a prescribed quantity that exceeds the quantity limit.
3. A prescription for a Benzodiazepine when prescribed for a child under 21 years of age.
4. A prescription for a Benzodiazepine when a recipient has a concurrent prescription for an Oral Buprenorphine Agent
5. A prescription for a Benzodiazepine when there is a record of a recent paid claim for another Benzodiazepine (therapeutic duplication).
6. A prescription for either a preferred or non-preferred Benzodiazepine when there is a record of 2 or more paid claims for any Benzodiazepine 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 the following:

1. For a non-preferred Anxiolytic, whether the recipient has a documented history of therapeutic failure, intolerance, or contraindication of the preferred Anxiolytics

**AND**

2. For a Benzodiazepine for a child under the age of 21 years, whether the child:

a. Has a diagnosis of:

i. Seizure disorder

**OR**

ii. Chemotherapy induced nausea and vomiting

**OR**

iii. Cerebral palsy

**OR**

iv. Spastic disorder

**OR**

v. Dystonia

**AND**

b. Does not have a concurrent prescription for an Oral Buprenorphine Agent

**AND**

c. Is receiving palliative care

3. For a Benzodiazepine for a recipient with a concurrent prescription for an Oral Buprenorphine Agent, whether:

a. The prescriptions for the Oral Buprenorphine Agent and the Benzodiazepine are written by the same prescriber or, if written by different prescribers, all prescribers are aware of the other prescription(s)

**AND**

b. The recipient has an acute need for therapy with a Benzodiazepine

4. For therapeutic duplication, whether:

a. The recipient is being titrated to, or tapered from, a drug in the same class

**OR**

- b. Supporting peer reviewed literature or national treatment guidelines corroborate concomitant use of the medications being requested
5. When there is a record of 2 or more paid claims for any Benzodiazepine, whether:
- 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 that corroborate use of the quantity of medication being prescribed

**AND**

- 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**

- 6. For all Benzodiazepines whether the prescribing provider confirms that he/she, or the prescribing provider's delegate, conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the recipient's controlled substance prescription history before prescribing the Benzodiazepine

**OR**

- 7. 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 recipient
- 8. In addition, if a prescription for either a preferred or non-preferred Anxiolytic is in 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.

**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 the request for a prescription for an Antipsoriatic, Oral. 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 recipient.

**D. Approval Duration:**

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

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020