

## CRITERIA FOR PRIOR AUTHORIZATION

## Benzodiazepine Medications – Safe Use for All Ages

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drugs require prior authorization as outlined in the criteria below:

**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®)

\*Clinical prior authorization criteria only applies to oral benzodiazepines.

\*Onfi® is not included in this PA criteria due to its current exclusive use as adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in patients 2 years and older.

## CRITERIA FOR PRIOR AUTHORIZATION FOR BENZODIAZEPINES:

- **DOSING LIMITS:**
  - Doses exceeding those listed in Table 1 will require a prior authorization
    - Prior authorization will require a written peer-to-peer review with the health plan psychiatrist, medical director, or pharmacy director for approval, followed by a verbal peer-to-peer, if unable to approve written request.
    - Prescriber has reviewed controlled substance prescriptions in the Prescription Drug Monitoring Program (PDMP) (aka K-TRACS).
    - If patient is concurrently on a CNS depressant (e.g. opioid), prescriber has reviewed and will address the increased risk of respiratory depression with the patient.
      - If the patient is concurrently on an opioid, and the dose of the benzodiazepine requested exceeds the dosing limitations defined in table 1, the prior authorization will be denied and consideration of a lower benzodiazepine and/or opioid dose along with consultation with opioid prescriber is recommended.
- **MULTIPLE CONCURRENT USE:**
  - Three or more different benzodiazepines used concurrently within 30 days will require a prior authorization:
    - Prior authorization will require a written peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval, followed by a verbal peer-to-peer, if unable to approve written request.
    - Patients with documented seizure diagnosis will automatically be approved.

**LENGTH OF APPROVAL:** 12 Months

RENEWAL CRITERIA: Patient is stable and has been seen in the past year.

TABLE 1. ORAL BENZODIAZEPINE DOSING LIMITS

Drug	Max Daily Dose
Alprazolam	8mg
Chlordiazepoxide	300mg
Clonazepam	20mg
Clorazepate	90mg
Diazepam	40mg
Estazolam	2mg
Flurazepam	30mg
Lorazepam	10mg
Oxazepam	120mg
Quazepam	15mg
Temazepam	30mg
Triazolam	0.5mg

---

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

---

PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

---

DATE

---

DATE