

## Benzodiazepines

### **Goal(s):**

- Approve only for OHP-funded diagnoses.
- Prevent inappropriate long-term benzodiazepine use beyond 4 weeks for new starts (no history within the last 120 days).
- Approve long-term use only for indications supported by the medical literature.

### **Length of Authorization:**

- 1 month to 12 months (criteria-specific)

### **Requires PA:**

- All benzodiazepines used beyond 4 weeks. Short-term use does not require PA.

### **Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Does the patient have a malignant neoplasm or other end-of-life diagnosis (ICD10 C00.xx-D49.xx or Z51.5)?	<b>Yes:</b> Approve for 12 months	<b>No:</b> Go to #3
3. Is the diagnosis an OHP-funded diagnosis?	<b>Yes:</b> Go to #4	<b>No:</b> Current age ≥ 21 years: Pass to RPh. Deny; not funded by the OHP.  Current age < 21 years: Go to #5
4. Does the patient have a seizure disorder diagnosis or is the patient enrolled in a program for short-term outpatient management of alcohol withdrawal syndrome?  Note: benzodiazepines are not indicated for alcohol dependence.	<b>Yes:</b> Approve for 12 months for seizure disorder or up to 1 month for alcohol withdrawal	<b>No:</b> Go to #5
5. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program ( <a href="http://www.orpdmp.com">www.orpdmp.com</a> ) and has the prescriber evaluated the PDMP at least once in the past 3 months for this patient?	<b>Yes:</b> Go to #6	<b>No:</b> Pass to RPh. Deny; medical appropriateness.

## Approval Criteria

<p>6. Is the request for continuation of therapy previously approved by the FFS program?</p>	<p><b>Yes:</b> Go to <b>Renewal Criteria</b></p>	<p><b>No:</b> Go to #7</p>
<p>7. Is the request for treatment of post-traumatic stress disorder (PTSD)?</p> <p>Note: Risks of benzodiazepine treatment outweigh benefits for patients with PTSD. Treatment with benzodiazepines is not recommended.</p>	<p><b>Yes:</b> Pass to RPh. Deny; medical appropriateness.</p>	<p><b>No:</b> Go to #8</p>
<p>8. Is the request for treatment of anxiety or panic disorder?</p>	<p><b>Yes:</b> Go to #9</p>	<p><b>No:</b> Go to #10</p>
<p>9. Is the medication prescribed by or in consultation with a prescribing mental health specialist OR does the patient have a documented trial and failure, contraindication, intolerance, or inability to access recommended first-line treatment options including antidepressants AND psychotherapy (e.g. behavioral therapy, relaxation response training, mindfulness meditation training, eye movement desensitization and reprocessing)?</p> <p>Note: An adequate trial to determine efficacy of an SSRI or SNRI is 4-6 weeks.</p>	<p><b>Yes:</b> Go to #12</p> <p>Document trial, contraindication, or intolerance to treatment options.</p>	<p><b>No:</b> Pass to RPh; Deny; medical appropriateness.</p> <p>Recommend adequate trial of first-line therapies.</p> <p>If provider requests short-term approval with a plan to start additional therapy, approval may be granted for up to 3 months. Subsequent requests must document experience with first-line treatment options.</p>
<p>10. Is the request for treatment of psychosis, schizophrenia or schizoaffective disorder?</p>	<p><b>Yes:</b> Go to #11</p>	<p><b>No:</b> Go to #12</p>

## Approval Criteria

<p>11. Is the medication prescribed by or in consultation with a prescribing mental health specialist OR does the patient have an adequate trial and failure, contraindication, intolerance, or inability to access recommended first-line treatment options including second-generation antipsychotics AND psychotherapy (e.g. counseling, cognitive behavioral therapy, social skills training, or psychoeducation)?</p> <p>Note: For continued symptoms, assess adherence and dose optimization. For patients on an adequate dose of antipsychotic, guidelines recommend trial of a second antipsychotic or augmentation with a mood stabilizer.</p>	<p><b>Yes:</b> Go to #12</p> <p>Document trial, contraindication, or intolerance to treatment options.</p>	<p><b>No:</b> Pass to RPh; Deny; medical appropriateness.</p> <p>Recommend adequate trial of first-line therapies.</p> <p>If provider requests short-term approval with a plan to start additional therapy, approval may be granted for up to 3 months. Subsequent requests must document experience with first-line treatment options.</p>
<p>12. Is the patient on a concurrent sedative, hypnotic, muscle relaxant, or opioid?</p>	<p><b>Yes:</b> Go to #13</p>	<p><b>No:</b> Go to #14</p>
<p>13. Is concurrent sedative therapy part of a plan to switch and taper off a long-acting benzodiazepine (such as diazepam, clonazepam, or chlordiazepoxide) AND has the provider included a detailed strategy to taper?</p> <p>Note: a documented taper strategy should include planned dose reductions and length of time between each dose modification for at least the next few weeks. It should also include a documented follow-up plan to monitor progress and manage withdrawal symptoms (regular check-ins are essential for a successful taper). Triazolam may be discontinued without a taper in most cases (2-hour half-life prevents physical dependence).</p>	<p><b>Yes:</b> Approve duplicate benzodiazepine therapy for the duration specified in the taper plan (not to exceed 6 months).</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>

## Approval Criteria

14. RPh only: Is there appropriate rationale to support long-term benzodiazepine use for this indication?

For anxiety, panic disorder, or schizophrenia, provider rationale should include information from relevant chart notes.

For other diagnoses, provider must document supporting medical literature.

**Yes:** Approve for up to 6 months.

**No:** Deny; medical appropriateness.

## Renewal Criteria

1. Is the request for a decrease in daily dose OR a change in drug with the intent to taper the dose?

**Yes:** Approve for up to 6 months or length of taper, whichever is less.

**No:** Go to #2

2. Is the request for an increase in dose?

**Yes:** Go to #3

**No:** Go to #4

3. Has the patient failed all clinically appropriate first-line adjunct treatment options OR, when applicable, is the patient adherent to recommended first-line treatment options for their condition?

**Yes:** Go to #4

**No:** Pass to RPh; Deny; medical appropriateness.

Recommend trial of alternative therapies.

If provider requests short-term approval with a plan to start additional therapy, approval may be granted for up to 3 months. Subsequent requests must document experience with first-line treatment options.

## Renewal Criteria

4. Is there documentation based on medical records that provider and patient have discussed whether benefits of long-term therapy (e.g. symptom improvement, social function, number of hospitalizations, etc) continue to outweigh risks of therapy (e.g. sedation, dependence, cognitive dysfunction and/or psychiatric instability)?

**Yes:** Approve for up to 12 months.

**No:** Pass to RPh; Deny; medical appropriateness.

Recommend trial of gradual taper plan. Approval may be granted for up to 3 months to allow time to develop a taper plan. Subsequent requests must document progress toward taper.

*P&T Review:* 8/22; 3/19 (SS); 9/18, 3/14  
*Implementation:* 10/1/22; 5/1/19; 11/1/2018; 5/1/16