

Benzodiazepine approval criteria
 Reviewed and Approved February 7, 2017

Benzodiazepine review

Clonazepam		
1. Is the member being treated for an OHP funded condition? <i>Review for a relevant comorbid condition</i>	Yes: Move to question #2	No: Category 1 denial
2. Does the member have a malignant neoplasm or other end-of-life diagnosis?	Yes: Approve for 12 months	No: Move to question #3
3. Does the member have a seizure disorder diagnosis?	Yes: Approved for 12 months	No: Move to question #4
4. Is the member on a concurrent sedative, hypnotic or opioid?	No: Move to question #5	Yes: Forward to Medical Director for medical appropriateness (Category 5) evaluation
5. Is the medication being prescribed within the QL?	Yes: Move to question #6	No: Forward to Medical Director for medical appropriateness (Category 5) evaluation
6. For the oral dispersible tablets, is the member unable to swallow the tablet formulation or under the age of 6 and unable to take tablets? <i>If request is not of dispersible tablets, skip to next question</i>	Yes: Move to question #7	No: Forward to MD for medical appropriateness (Category 5) evaluation—tablet formulation is preferred
7. Is the medication being used for an indicated use and is long term use appropriate? <i>Existing QL is 90 tablets per 30 days*</i> <i>New start (only one fill in the last 120 days) QL is 60 tablets per 30 days</i>	Yes: approved for 6 months	No: Forward to Pharmacist or Medical Director for Category 3/Category 5 review
*QL is 60 per 30 days effective 9/1/2017		
Temazepam		
1. Is the member being treated for an OHP funded condition? <i>Review for a relevant comorbid condition</i>	Yes: Move to question #2	No: Category 1 denial
2. Does the member have a malignant neoplasm or other end-of-life diagnosis?	Yes: Approve for 12 months	No: Move to question #3
3. Is the member on a concurrent sedative, hypnotic or opioid?	No: Move to question #4	Yes: Forward to Medical Director for medical appropriateness (Category 5) evaluation

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4. Is the medication being prescribed within the QL	Yes: Move to question #5	No: Forward to Medical Director for medical appropriateness (Category 5) evaluation
5. Is the medication being used for the short-term treatment of insomnia?	Yes: Move to question #6	No: Category 3 denial
6. Has the member tried and failed non-controlled options for insomnia (trazodone, amitriptyline, etc.)?	Yes: Approve for 14 days of therapy	No: Forward to Medical Director for medical appropriateness (Category 5) evaluation