

## Clonazepam

1. Is the member being treated for an OHP funded condition? *Review for a relevant comorbid condition.*
  - a. Yes, Move to question 2
  - b. No; Deny category 1: Not a covered benefit
2. Does the member have a malignant neoplasm or other end-of-life diagnosis?
  - a. Yes; Approve for 12 months
  - b. No; Move to question 3
3. Does the member have a seizure disorder diagnosis?
  - a. Yes; Approve for 12 months
  - b. No; Move to question 4.
4. Is the member on a concurrent sedative, hypnotic or opioid?
  - a. Move to question 5
  - b. No; Deny category 5: Not medically appropriate
5. Is the medication being prescribed within the QL?
  - a. Yes; move to question 6.
  - b. No; Deny category 5: Not medically appropriate
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? *If request is not of dispersible tablets, skip to next question*
  - a. Yes; move to question 7
  - b. No; Deny category 5: Not medically appropriate
7. Is the medication being used for an indicated use and is long term use appropriate?  
*Existing QL is 90 tablets per 30 days \*New start (only one fill in the last 120 days) QL is 60 tablets per 30 days*
  - a. Yes; Approve for 6 months
  - b. No; Deny category 3 or category 5 denial: Not a covered benefit/not medically appropriate

## Temazepam

1. Is the member being treated for an OHP funded condition? *Review for a relevant comorbid condition*
  - a. Yes; move to question 2
  - b. No; category 1 denial: Not a covered benefit
2. Does the member have a malignant neoplasm or other end-of-life diagnosis?
  - a. Yes; Approve for 12 months

- b. No; move to question 3
- 3. Is the member on a concurrent sedative, hypnotic or opioid?
  - a. No; move to question 4
  - b. Yes; Deny category 5: Not medically appropriate
- 4. Is the medication being prescribed within the QL?
  - a. Yes; move to question 5
  - b. No; Deny category 5: Not medically appropriate
- 5. Is the medication being used for the short-term treatment of insomnia?
  - a. Yes; move to question 6
  - b. No; Deny category 3: Not a covered benefit
- 6. Has the member tried and failed non-controlled options for insomnia (trazodone, amitriptyline, etc.)?
  - a. Yes; Approve for 14 days of therapy
  - b. No; Category 5 denial: Not medically appropriate