

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.

Note: Benzodiazepines indicated for seizure rescue (routes: rectal, nasal, buccal) are subject to the Non-preferred Drugs in PDL classes criteria

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at 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)?	Yes: Approve for 12 months	No: Go to #3
3. Is the diagnosis an OHP-funded diagnosis?	Yes: Go to #4	No: 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.	Yes: Approve for 12 months for seizure disorder or up to 1 month for alcohol withdrawal	No: Go to #5

Approval Criteria

<p>5. Is the prescriber enrolled in the Oregon Prescription Drug Monitoring Program (www.orpdmp.com) and has the prescriber evaluated the PDMP at least once in the past 3 months for this patient?</p>	<p>Yes: Go to #6</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>6. Is the request for continuation of therapy previously approved by the FFS program?</p>	<p>Yes: Go to Renewal Criteria</p>	<p>No: 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>Yes: Pass to RPh. Deny; medical appropriateness.</p>	<p>No: Go to #8</p>
<p>8. Is the request for treatment of anxiety or panic disorder?</p>	<p>Yes: Go to #9</p>	<p>No: 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 (first-line options include 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>Yes: Go to #12</p> <p>Document trial, contraindication, or intolerance to treatment options.</p>	<p>No: 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>Yes: Go to #11</p>	<p>No: 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 (first-line options include 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>Yes: Go to #12</p> <p>Document trial, contraindication, or intolerance to treatment options.</p>	<p>No: 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>Yes: Go to #13</p>	<p>No: 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>Yes: Approve duplicate benzodiazepine therapy for the duration specified in the taper plan (not to exceed 6 months).</p>	<p>No: 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