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Prior Authorization Criteria Update: Benzodiazepines

Purpose of Update:

Benzodiazepines are FDA indicated for treatment of alcohol withdrawal, epilepsy, anxiety and panic disorder, and are often used off-label for other mental health conditions including bipolar disorder and schizophrenia. Despite lack of evidence supporting long-term use for mental health conditions, benzodiazepines are often utilized for long-term treatment. In an effort to prevent inappropriate long-term benzodiazepine use, a prior authorization (PA) is required for benzodiazepine durations exceeding 30 days over the last 120 days. Though benzodiazepines are often used for short-term treatment of alcohol withdrawal syndrome, current criteria does not specifically address this condition. However, a PA may be required for patients with recurrent episodes of alcohol withdrawal or patients with a history of recent benzodiazepine use. This update revises current criteria to include outpatient management of alcohol withdrawal syndrome.

Benzodiazepines, in combination with adequate monitoring, are the current standard of care for management of moderate to severe symptoms during acute alcohol withdrawal.[1] Other anticonvulsants such as carbamazepine, gabapentin or valproic acid may be considered as alternatives if adequate monitoring is not available, if potential abuse is likely, or for patients unable to tolerate benzodiazepines.[1]

Guidelines from the National Institute for Health and Care Excellence (NICE) recommend outpatient treatment of alcohol withdrawal syndrome for patients with mild to moderate alcohol dependence.[2] Similar recommendations from the Veterans Administration and Department of Defense (VA/DOD) allow for outpatient management in patients with mild to moderate symptoms.[1] Inpatient medically supervised alcohol withdrawal management is recommended in the following circumstances: [1]

- severe alcohol withdrawal
- inability to tolerate oral medications
- history of delirium tremens or withdrawal seizures
- risk of withdrawal from other substances in addition to alcohol
- presence of comorbid conditions which may complicate ambulatory withdrawal management such as severe coronary heart disease, liver cirrhosis, or congestive heart failure

Inpatient medically supervised withdrawal may also be considered with moderate severity withdrawal if there are indicators that the patient will not complete ambulatory withdrawal management (e.g., previous recurrent unsuccessful ambulatory withdrawal attempts or homelessness), or with presence of active psychosis, cognitive impairment, or other comorbid conditions which may complicate ambulatory withdrawal.[1]

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Recommendation:

- Update PA criteria to include outpatient management of alcohol withdrawal syndrome.
- Add prescribing mental health specialists to questions #9 and #11 in the PA criteria.

References:

1. The Management of Substance Use Disorders Work Group. Veterans Administration/Department of Defense Clinical Practice Guideline for the Management of Substance Use Disorders. 2015; https://www.healthquality.va.gov/guidelines/MH/sud/. Accessed October 15, 2018.
2. National Collaborating Centre for Mental Health (UK). Alcohol-Use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence. National Clinical Practice Guideline 15. London: National Institute for Health and Care Excellence (UK). 2014; Available from https://www.nice.org.uk/guidance/cg115/evidence/full-guideline-pdf-136423405.

Appendix 1. Prior Authorization Criteria

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
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria	
1. What diagnosis is being treated?	Record ICD10 code

Approval Criteria		
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:** Pass to RPh. Deny; not funded by the OHP.
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
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?	**Yes:** Go to #6	**No:** Pass to RPh. Deny; medical appropriateness.
6. Is the request for continuation of therapy previously approved by the FFS program?	**Yes:** Go to **Renewal Criteria**	**No:** Go to #7
7. Is the request for treatment of post-traumatic stress disorder (PTSD)? Note: Risks of benzodiazepine treatment outweigh benefits for patients with PTSD. Treatment with benzodiazepines is not recommended.	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Go to #8
8. Is the request for treatment of anxiety or panic disorder?	**Yes:** Go to #9	**No:** Go to #10

Approval Criteria		
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)? Note: An adequate trial to determine efficacy of an SSRI or SNRI is 4-6 weeks.	**Yes:** Go to #12 Document trial, contraindication, or intolerance to treatment options.	**No:** Pass to RPh; Deny; medical appropriateness. Recommend adequate trial of first-line 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.
10. Is the request for treatment of psychosis, schizophrenia or schizoaffective disorder?	**Yes:** Go to #11	**No:** Go to #12
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)? 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.	**Yes:** Go to #12 Document trial, contraindication, or intolerance to treatment options.	**No:** Pass to RPh; Deny; medical appropriateness. Recommend adequate trial of first-line 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.
12. Is the patient on a concurrent sedative, hypnotic, muscle relaxant, or opioid?	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Go to #13

Approval Criteria		
13. 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: *3/19 (SS); 9/18, 3/14*
Implementation: *5/1/19; 11/1/2018; 5/1/16*