NYRx Drug Class Coverage Overview: Benzodiazepines

Benzodiazepines are a class of drugs that can be used for a range of conditions and are subject to the criteria of various NYRx pharmacy programs based on their specific indications. Benzodiazepines are found in, and subject to, criteria in the Anticonvulsants-Other and Sedative Hypnotics/Sleep Agents NYRx Preferred Drug List (PDL) drug classes and the Benzodiazepine agents-oral section of the NYRx Drug Utilization Review (DUR) Program.

Concurrent use of a benzodiazepine and an opioid or a benzodiazepine and central nervous system (CNS) stimulant may increase the risk for respiratory or cardiovascular adverse events as well as increase the risk of fatal overdose. Prescribers should be aware of these risks when co-prescribing benzodiazepines with opioids or CNS stimulants and consider whether the benefits outweigh the risks when prescribing the two agents concurrently.

Prior Authorization Requirements for All Benzodiazepines

All benzodiazepines are subject to the following clinical criteria (CC) requirements:

- Confirmation of FDA-approved or compendia-supported use.
- Prior authorization is required for the initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy.
- Prior authorization is required for an additional oral benzodiazepine prescription in patients currently on benzodiazepine therapy.
- Prior authorization is required when greater than a 14-day supply of a benzodiazepine is prescribed for patients currently on a CNS stimulant.

Preferred Drug Class: Anticonvulsants – Other

The Anticonvulsants – Other drugs class contains the following benzodiazepines:

- clobazam (generic, Onfi® and Sympazan film®)

Benzodiazepines in this class are subject to the following additional requirements:

- Step Therapy (ST):
  - Requires a trial with an SSRI or SNRI for the treatment of anxiety.

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
IV. Central Nervous System		
Anticonvulsants – Other		
clobazam tablet ST, CC gabapentin capsule, solution, tablet F/Q/D, CC lacosamide tablet, solution lamotrigine tablet, chew levetiracetam levetiracetam ER Lyrica® capsule QQ, F/Q/D, CC pregabalin capsule QQ, F/Q/D, CC tiagabine topiramate CC zonisamide	Banzel® Briviact® clobazam suspension ST Diacomit® CC Elepsia® XR Epidiolex® CC Eprontia™ CC felbamate Felbatol® Fintepla® Fycompa® QQ Keppra® Keppra XR® Lamictal® tablet, chew, dosepak Lamictal® ODT tablet, dosepak Lamictal® XR QQ tablet, dosepak lamotrigine dosepak lamotrigine ER lamotrigine ODT dosepak levetiracetam 250mg tablet for suspension (gen Spritam®) Lyrica® solution QQ, F/Q/D Lyrica® CR F/Q/D, CC Motpoly XR Neurontin® F/Q/D, CC Onfi® ST, CC pregabalin solution QQ, F/Q/D, CC pregabalin ER (gen Lyrica® CR) F/Q/D, CC Qudexy® XR CC rufinamide (gen Banzel®) Sabril® Spritam® Sympazan® film ST, CC Topamax® CC topiramate 50mg Sprinkle CC topiramate ER CC, QQ (gen Qudexy® XR) topiramate ER CC (gen Trokendi XR®) Trokendi XR® CC, QQ vigabatrin Vigafyde™ Vimpat® Xcopri® Zonisade™ Ztalmy®	DOSE OPTIMIZATION (DO) • See Dose Optimization Chart for affected drugs and strengths CLINICAL CRITERIA (CC) • Clinical editing will allow patients currently stabilized on a non-preferred agent to continue to receive that agent without PA • **Cannabidiol extract (Epidiolex®)** – Confirm diagnosis of FDA-approved or compendia-supported indication, or; Institutional Review Board (IRB) approval with signed consent form • **Lyrica®/Lyrica® CR (pregabalin)** – PA required for the initiation of pregabalin at > 150 mg per day in patients currently on an opioid at > 50 MME per day • **Neurontin® (gabapentin)** – PA required for initiation of gabapentin at > 900 mg per day in patients currently on an opioid at > 50 MME per day • **Stiripentol (Diacomit®)** – Require diagnosis of FDA-approved or compendia-supported indication, or; Institutional Review Board (IRB) approval with signed consent form • **Topiramate IR/ER (Eprontia™, Qudexy® XR, Topamax®, Trokendi XR™)** – Require confirmation of FDA-approved, compendia-supported, or Medicaid covered diagnosis • **Onfi®/Sympazan® (clobazam):** – Require confirmation of FDA-approved or compendia-supported use – PA required for initiation of clobazam therapy in patients currently on opioid or oral buprenorphine therapy – PA required for any clobazam prescription in patients currently on benzodiazepine therapy FREQUENCY/QUANTITY/DURATION (F/Q/D) • **Eprontia™ (topiramate)** – Maximum quantity: 473 mL per month • **Lyrica®/Lyrica® CR (pregabalin)** – Maximum daily dose of IR: 600 mg per day, and ER: 660 mg per day • **Neurontin® (gabapentin)** – Maximum daily dose of 3,600 mg per day STEP THERAPY (ST) • **Onfi®/Sympazan® (clobazam)** – Requires a trial with an SSRI or SNRI for treatment of anxiety

Preferred Drug Class: Sedative Hypnotics/Sleep Agents

The Sedative Hypnotics/Sleep Agents drugs class contains the following benzodiazepines:

- estazolam
- flurazepam
- quazepam (Doral®)
- temazepam (Restoril®)
- triazolam (Halcion®)

Benzodiazepines in this class are subject to the following clinical criteria requirement:

- Duration Limit:
  - For diagnosis of Insomnia: 30 days.

<table>
<tr><th>Preferred Drugs</th><th>Non-Preferred Drugs</th><th>Coverage Parameters</th></tr>
<tr><td colspan="3">IV. Central Nervous System</td></tr>
<tr><td colspan="3">Sedative Hypnotics/Sleep Agents F/Q/D</td></tr>
<tr>
<td>estazolam CC
eszopiclone
ramelteon (gen Rozerem®)
temazepam 15 mg, 30 mg CC
zolpidem tablet CC
zolpidem ER CC</td>
<td>Ambien® CC
Ambien CR® CC
Belsomra®
Dayvigo™
Doral® CC
doxepin
Edluar® CC
flurazepam CC
Halcion® CC
Lunesta® DO
quazepam CC (gen Doral®)
Quviviq™
Restoril® CC
Rozerem®
temazepam 7.5 mg, 22.5 mg CC
triazolam CC
zaleplon
zolpidem sublingual, capsule CC</td>
<td>
DOSE OPTIMIZATION (DO)
• See Dose Optimization Chart for affected strengths
CLINICAL CRITERIA (CC)
• Zolpidem products: Confirm dosage is consistent with FDA labeling for initial prescriptions
• Benzodiazepine Agents (estazolam, Doral®, flurazepam, Halcion®, quazepam, Restoril®, temazepam, triazolam):
– Confirm diagnosis of FDA-approved or compendia-supported indication
– PA required for initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy
– PA required for any additional benzodiazepine prescription in patients currently on benzodiazepine therapy
– PA required when greater than a 14-day supply of a benzodiazepine is prescribed for someone on a CNS stimulant
FREQUENCY/QUANTITY/DURATION (F/Q/D)
• Frequency and duration limits for the following products:
<table>
<tr><th>Agent</th><th>Quantity Limit</th></tr>
<tr><td>Non-zaleplon and non-benzodiazepine containing products</td><td>30 units/30 days</td></tr>
<tr><td>Zaleplon containing products</td><td>60 units/30 days</td></tr>
<tr><th>Agent</th><th>Duration Limit</th></tr>
<tr><td>estazolam*; flurazepam*; quazepam (Doral®)*; temazepam (Restoril)*; triazolam (Halcion)*; zaleplon

*For the treatment of insomnia</td><td>30 days</td></tr>
<tr><td>daridorexant (Quviviq™); suvorexant (Belsomra®); doxepin</td><td>90 days</td></tr>
<tr><td>eszopiclone (Lunesta); ramelteon (Rozerem®); (lemborexant) Dayvigo™; zolpidem IR; zolpidem ER (Ambien, Ambien CR, Edular) sublingual, capsule, tablet</td><td>180 days</td></tr>
</table>
Additional/Alternate parameters:
• For patients naïve to non-benzodiazepine sedative hypnotics (NBSH): First-fill duration and quantity limit of 10 dosage units as a 10-day supply, except for zaleplon-containing products which the quantity limit is 20 dosage units as a 10-day supply
</td>
</tr>
</table>

Drug Utilization Review Drug Class: Benzodiazepine Agents – Oral

The Benzodiazepine Agents-Oral DUR class includes the following benzodiazepines:

- alprazolam (Xanax®, Xanax® XR)
- chlordiazepoxide
- chlordiazepoxide/amitriptyline
- clonazepam (Klonopin®)
- clorazepate
- diazepam (Valium®)
- lorazepam (Ativan®, Loreev XR™)
- oxazepam

Benzodiazepines in this class are subject to the following additional clinical criteria requirements:

- Step Therapy (ST):
  - Generalized Anxiety Disorder (GAD) or Social Anxiety Disorder (SAD) requires a trial with a Selective-Serotonin Reuptake Inhibitor (SSRI) or a Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) prior to the initial benzodiazepine prescription.
  - Panic Disorder requires concurrent therapy with an antidepressant (SSRI, SNRI, or Tricyclic antidepressant (TCA)).
  - Skeletal muscle spasms require a trial with a skeletal muscle relaxant prior to a benzodiazepine.
- Duration Limit:
  - For diagnosis of Insomnia or Panic Disorder: 30 consecutive days.

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Benzodiazepine agents – oral • alprazolam (Xanax®, Xanax® XR) • chlordiazepoxide • chlordiazepoxide/amitriptyline • clonazepam (Klonopin®) • clorazepate • diazepam (Valium®) • lorazepam (Ativan®, Lorazepam Intensol®, Loreev XR™) • oxazepam	Generalized Anxiety Disorder (GAD) or Social Anxiety Disorder (SAD) • Require trial with a Selective-Serotonin Reuptake Inhibitor (SSRI) or a Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) prior to initial benzodiazepine prescription • Panic Disorder requires concurrent therapy with an antidepressant (SSRI, SNRI, or Tricyclic antidepressant [TCA]). Skeletal muscle spasms • Require trial with a skeletal muscle relaxant prior to a benzodiazepine	**DURATION LIMIT:** • For Insomnia: 30 consecutive days • For Panic Disorder: 30 consecutive days	• Require confirmation of FDA-approved or compendia-supported use • PA required for initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy • PA required for any additional oral benzodiazepine prescription in patients currently on benzodiazepine therapy • PA required when greater than a 14-day supply of a benzodiazepine is prescribed for someone on a CNS stimulant

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with NYRx, the Medicaid Pharmacy Program's benzodiazepine coverage criteria, and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the NYRx, the Medicaid Pharmacy Program's benzodiazepine coverage criteria, and incorporate this information when prescribing benzodiazepines for Medicaid members.

Resources

- NYRx Education & Outreach Website
- NYRx Preferred Drug List
- New York State Medicaid Drug Utilization Review Program

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the NYRx Education & Outreach website for more information.