Louisiana Medicaid
Anxiolytics

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred anxiolytics for recipients 7~~6~~ years of age and older **AND** to request clinical authorization for **all** preferred and non-preferred agents for recipients younger than 7~~6~~ years of age.

Additional Point-of-Sale edits may apply.

***NOTE**: Some medications in this therapeutic category may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*

Approval Criteria for Initial and Reauthorization Requests for Non-Preferred Anxiolytics for Recipients 7~~6~~ Years of Age and Older

ALL of the following are required:

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- The requested medication has been prescribed for an approved diagnosis (if applicable); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
    - The prescriber states that the recipient is currently using the requested medication; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Approval Criteria for Initial and Reauthorization Requests for ALL Anxiolytics (Preferred and Non-Preferred) When Requested for Behavioral Health for Recipients Younger Than 7~~6~~ Years of Age:

- Pharmacy claims for lorazepam (injection), clonazepam (oral), clorazepate (oral) or diazepam (oral) that are submitted with a seizure-related diagnosis code, will bypass the behavioral health authorization requirement for recipients younger than 7~~6~~ years of age; **AND**
- Pharmacy claims for oral clonazepam, clorazepate or diazepam that are submitted with a seizure-related diagnosis code, will bypass the quantity limit of 90 tablets per 30 days; **AND**
- **ONE** of the following is true and is **stated on the request**:
    - The recipient has been treated in the past or is *currently receiving treatment with the requested medication with a positive response to treatment without evidence of adverse effects*, and this information is stated on the request; **OR**
    - The recipient has not previously used this medication; however, the prescriber is citing references supporting the use of the medication for the recipient's age and diagnosis (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested medication for the indication); **OR**
    - **ALL** medication options that are appropriate for both the age and diagnosis of this recipient:
        - have been tried, resulting in **EITHER** *treatment failure* **OR** *intolerable side effects;* **OR**
        - have not been tried because of a *documented contraindication to the remaining medication options that are appropriate for the age and condition being treated;* **AND**
- For a non-preferred agent, the following conditions apply:
    - There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
    - The recipient has had treatment failure with at least one preferred product; **OR**
    - The recipient has had an intolerable side effect to at least one preferred product; **OR**
    - The recipient has a documented contraindication to all of the preferred products that are appropriate for the condition being treated; **OR**
    - There is no preferred product that is appropriate to use for the condition being treated; **OR**
    - The recipient is established on the medication with positive clinical outcomes; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - If the requested medication is being added to any other behavioral health medication, the recipient has been adherent to the established medication therapy without adequate resolution of symptoms; **AND**

- The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of Authorization Approval: 1 week to 4 months
An appropriate duration of initial authorization and reauthorization approval will be determined based upon patient-specific factors and the condition being treated.

References

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Revision	**Date**
Single PDL Implementation	May 2019
Separated "Select Therapeutic Classes (Established)" into individual therapeutic class documents	November 2019
Modified to apply new age requirement for behavioral health clinical authorization	September 2020