# 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 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.

## Prior Authorization Requirements for All Benzodiazepines

All benzodiazepines are subject to the following requirements:

- Confirmation of FDA-approved or compendia-supported use.
- Prior authorization required for the initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy.
- Prior authorization required for an additional oral benzodiazepine prescription in patients currently on benzodiazepine therapy.

# Preferred Drug Class: Anticonvulsants – Other

The Anticonvulsants – Other drugs class contains the following benzodiazepines:

- clobazam (Onfi® and Sympazan film®)

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

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

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

- Prior authorization required when greater than a 14-day supply of benzodiazepine is prescribed for someone on a central nervous system (CNS) stimulant.
- Duration Limit:
  - For diagnosis of Insomnia: 30 consecutive days.

| Preferred Drugs | Non-Preferred Drugs | Prior Authorization/Coverage Parameters |
|---|---|---|
| **IV. Central Nervous System** | | |
| **Sedative Hypnotics/Sleep Agents** F/Q/D | | |
| estazolam CC<br>eszopiclone 1<br>ramelteon (gen Rozerem®) 1<br>temazepam 15 mg, 30 mg CC<br>zolpidem tablet CC<br>zolpidem ER CC, 1 | Ambien® CC<br>Ambien CR® CC<br>Belsomra®<br>Dayvigo™<br>Doral® CC<br>doxepin (gen Silenor®)<br>Edluar® CC<br>flurazepam CC<br>Halcion® CC<br>Lunesta® DQ<br>quazepam CC (gen Doral®)<br>Quviviq™<br>Restoril® CC<br>Rozerem®<br>Silenor®<br>temazepam 7.5 mg, 22.5 mg CC<br>triazolam CC<br>zaleplon<br>zolpidem sublingual, capsule CC | **DOSE OPTIMIZATION (DO)**<br>• See Dose Optimization Chart for affected strengths<br>**CLINICAL CRITERIA (CC)**<br>• **Zolpidem products**: Confirm dosage is consistent with FDA labeling for initial prescriptions<br>• **Benzodiazepine Agents** (estazolam, flurazepam, Halcion®, Restoril®, temazepam, triazolam):<br>– Confirm diagnosis of FDA-approved or compendia-supported indication<br>– PA required for initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy<br>– PA required for any additional benzodiazepine prescription in patients currently on benzodiazepine therapy<br>– PA required when greater than a 14-day supply of a benzodiazepine is prescribed for someone on a CNS stimulant<br>**FREQUENCY/QUANTITY/DURATION (F/Q/D)**<br>• Frequency and duration limits for the following products:<br>– For non-zaleplon and non-benzodiazepine containing products:<br>o 30 dosage units per fill/1 dosage unit per day/30 days<br>– For zaleplon-containing products:<br>o 60 dosage units per fill/2 dosage units per day/30 days<br>– Duration limit equivalent to the maximum recommended duration:<br>o 180 days for immediate-release zolpidem (Ambien®, Edluar®) products<br>o 180 days for eszopiclone and ramelteon (Rozerem®) products<br>o 180 days for lemborexant (Dayvigo™)<br>o 168 days for zolpidem ER (Ambien CR®) products<br>o 90 days for daridorexant (Quviviq™)<br>o 90 days for suvorexant (Belsomra®)<br>o 90 days for doxepin (Silenor®)<br>o 30 days for zaleplon (Sonata®) products<br>o 30 days for benzodiazepine agents (estazolam, Halcion®, Restoril®, temazepam, triazolam) for the treatment of insomnia<br>Additional/Alternate parameters:<br>• 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 |

## Drug Utilization Review Drug Class: Benzodiazepine Agents – Oral

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

- Prior authorization required when greater than a 14-day supply of benzodiazepine is prescribed for someone on a central nervous system (CNS) stimulant.
- 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<br>• alprazolam (Xanax®, Xanax® XR)<br>• chlordiazepoxide<br>• chlordiazepoxide/amitriptyline<br>• clonazepam (Klonopin®)<br>• clorazepate<br>• diazepam (Valium®)<br>• lorazepam (Ativan®, Lorazepam Intensol®, Loreev XR™)<br>• oxazepam | Generalized Anxiety Disorder (GAD) or Social Anxiety Disorder (SAD)<br>• Require trial with a Selective-Serotonin Reuptake Inhibitor (SSRI) or a Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) prior to initial benzodiazepine prescription<br>• Panic Disorder requires concurrent therapy with an antidepressant (SSRI, SNRI, or Tricyclic antidepressant [TCA]).<br>Skeletal muscle spasms<br>• Require trial with a skeletal muscle relaxant prior to a benzodiazepine | **DURATION LIMIT:**<br>• For Insomnia: 30 consecutive days<br>• For Panic Disorder: 30 consecutive days | • Require confirmation of FDA-approved or compendia-supported use<br>• PA required for initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy<br>• PA required for any additional oral benzodiazepine prescription in patients currently on benzodiazepine therapy<br>• 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 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 benzodiazepine coverage criteria and incorporate this information when prescribing benzodiazepines for Medicaid members.

## Resources

- NYRx Education & Outreach Website
- NYRx Preferred Drug List
- NYRx Prior Authorization Submission Guide
- 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.