



## SoonerCare Fax Blast

May 8, 2009

### **SUBJECT: Anxiolytic PA Criteria & Anti-Insomnia Step Therapy**

#### **Dear Provider:**

This update is part of an ongoing series featuring SoonerCare medication prior authorization (PA) criteria. Each update will include current information on a different therapeutic category.

- PA information for all therapeutic categories is available at [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa).
- PA forms are available at [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms).

#### **Anxiolytic Prior Authorization**

##### **Prior Authorization Criteria:**

- No prior authorization is required for the first 90 days of therapy. (Exception: Niravam® and Xanax XR® always require prior authorization.)
- Clarification of dosing schedule and diagnosis are important to assure that the member is not receiving duplicate therapy. (e.g. anxiolytic and hypnotic medications)
- Additional information regarding recent attempts at dose reductions should be included on recurrent PA requests for high dose anxiolytic medications.

alprazolam (Xanax®)
alprazolam rapdis (Niravam®)
alprazolam XR (Xanax XR®)
chlordiazepoxide (Librium®)
clorazepate dipotassium (Tranxene®)
diazepam (Valium®)
lorazepam (Ativan®)
oxazepam (Serax®)

#### **Anti-Insomnia Step Therapy**

**Tier-1 products are available without prior authorization for members age 18 or older.**

**Prior authorization is required for all products for members under age 18.**

##### **Tier-2 authorization requires:**

- Minimum of 30-day trial with at least two Tier-1 products (one of which must be zolpidem) and documentation of attempts to correct any primary cause for insomnia
- FDA-approved diagnosis
- No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

<b>Tier-1</b>	<b>Tier-2</b>
estazolam (ProSom®)	eszopiclone (Lunesta®)
flurazepam (Dalmane®)	ramelteon (Rozerem®)
temazepam (Restoril®) 15mg and 30mg	temazepam (Restoril®) 7.5mg and 22.5mg
triazolam (Halcion®)	zolpidem tartrate (Ambien CR®)
zaleplon (Sonata®)	
zolpidem tartrate (Ambien®)	