

## Anxiolytics

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – Specific Prescription Requirement	

#### Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

## Anxiolytics

### POS Edits

**AL** – Alprazolam XR, ~~and~~ alprazolam ODT, and lorazepam ER (Loreev XR™) are limited to use in recipients who are at least 18 years of age.

**BH** – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents, **EXCEPT** meprobamate, when requested for recipients who are younger than 7 years of age.

**BY** – Bypass diagnosis codes can be found at THIS LINK.

- Pharmacy claims for selected anxiolytics, when submitted with a seizure-related diagnosis code will bypass the behavioral-health clinical authorization requirement, the restriction on concurrent use with opioids, and quantity limits (see ~~Anxiolytic Quantity Limits with Bypass Diagnosis Codes~~ chart below).
- Pharmacy claims submitted with a diagnosis code for cancer or palliative end-of-life care will bypass the restriction on concurrent use of benzodiazepines with opioids.

**CU** – Benzodiazepines are monitored at POS for concurrent use with opioids and buprenorphine-containing products.

- Concurrent pharmacy claims for benzodiazepines and buprenorphine will deny.
- Incoming benzodiazepine pharmacy claims will deny when the recipient has an active prescription (a prescription in which the days' supply has not expired) for an opioid.

**DX** – Pharmacy claims for alprazolam ER and alprazolam ODT require an appropriate diagnosis code found at [THIS LINK](#).

**PU** – The pharmacy POS system will verify the following for pharmacy claims for lorazepam ER (Loreev XR™) – claim in the previous 30-day period for EITHER a quantity of 90 lorazepam IR tablets OR any quantity of lorazepam ER (Loreev XR™).

<b>Anxiolytic Quantity Limits <del>with</del> Bypass Diagnosis Codes</b>		
<b>QL</b> – Selected agents have quantity limits as listed in the chart to the right. <del>QL – Solid oral dosage forms have quantity limits. A diagnosis code bypass is available for some agents as listed in the charts to the right.</del>	<b>Generic (Brand Example)</b>	<b>Quantity Limit</b>
	<u>Alprazolam (Xanax®)Clonazepam (Klonopin®)</u>	90 units in 30 days
	<u>Alprazolam ER (Xanax XR®)Clorazepate (Tranxene T-Tab®)</u>	<del>30</del> 90 units in 30 days
	<u>Chlordiazepoxide (Librium®)Diazepam (Valium®)</u>	90 units in 30 days
	<u>Clonazepam (Klonopin®)Lorazepam (Ativan®)Injectable</u>	<u>90 units in 30 days</u> <del>No Quantity Limit Applicable</del>
	<u>Clorazepate (Tranxene T-Tab®)Alprazolam ER (Xanax XR®)</u>	<del>90</del> 30 units in 30 days
	<u>Diazepam (Valium®)Alprazolam (Xanax®)</u>	90 units in 30 days
	<u>Lorazepam (Ativan®)Chlordiazepoxide (Librium®)</u>	90 units in 30 days
	<u>Lorazepam (Ativan®)InjectableLorazepam (Ativan®)</u>	<u>No Quantity Limit Applicable</u> <del>90 units in 30 days</del>
	<u>Lorazepam ER (Loreev XR™)Lorazepam ER (Loreev XR™)</u>	<u>90 units in 30 days</u>
	<u>OxazepamOxazepam</u>	90 units in 30 days

**TD** – These agents are monitored at the pharmacy POS for duplication of therapy with each other ~~and~~, with oxybate (Xyrem®), and with oxybate salts (Xywav™).

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Revision / Date	Implementation Date
Created POS Document	February 2020
Modified to apply new age requirement for behavioral health clinical authorization / September 2020	January 2021
<u>Added Loreev XR™ to age, previous use, and quantity limit sections, formatting changes / November 2021</u>	<u>April 2022</u>