Clinical Policy: Lorazepam ER (Loreev)

Reference Number: IN.CP.PHAR.20
Effective Date: 01.2022
Last Review Date: 12.21
Line of Business: Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The intent of the criteria is to ensure that patients follow selection elements established by Indiana Medicaid regarding the utilization of Lorazepam ER, Loreev. This medication appears on the Indiana Medicaid Antidepressant, Antipsychotic and Antianxiety Medication list.

FDA Approved Indication(s)

All edits are based on FDA labeling as published by the manufacturer

Brand

Multiple Medication classes are included in this edit

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. Prescription claim history.

It is the policy of health plans affiliated with Centene Corporation® that Loreev use while is **medically necessary** for members meeting the following criteria:

Approval Criteria:

1. Member must be established as a chronic Lorazepam utilizer: 90 days of Lorazepam out of 180 days
2. Member must have received Lorazepam TID dosing for 30 days per claim history
3. Member must be 18 years or older
4. Dosage: QL = quantity limit.
    a. Loreev 1mg QL: 1/day
    b. Loreev 2mg QL: 2/day
    c. Loreev 3mg QL: 3/day

Approval Duration:

Approve 1 fill in the next 30 days.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New Policy based on IN Medicaid Drug Utilization board approval	12.2021	01.2022