

Clinical Policy: Benzodiazepine with Concurrent Opioid Analgesic

Reference Number: IN.CP.PPA.13

Effective Date: 10.18

Last Review Date: 06.16.21

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

To limit the unsafe concurrent use of benzodiazepine and opioids or carisoprodol containing products through medical necessity review.

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.

It is the policy of MHS that concurrent use of benzodiazepines with opioids or carisoprodol when the following criteria are met:

- I. Benzodiazepine and Opioids Concurrent Therapy (for benzodiazepine therapy exceeding 7 days in 180 days OR benzodiazepine therapy exceeding quantity limits for initiation of concurrent therapy):**
 - A.** Must provide diagnoses for both agents
 - i. AND
 - B.** Must provide previous therapy attempted
 - i. AND
 - C.** Prescriber must sign attestation confirming regular review of INSPECT, that the prescriber has educated the member of the risks of concurrent utilization, and that the prescriber and member accept the risks associated with concurrent utilization
 - i. AND
 - D.** Must meet utilization edits (see Appendix A below)

NOTES:

- Concurrent utilization will include members with a claim for an opiate in the past 30 days

- Current utilizers of benzodiazepines and opiates concurrently (utilizing for 90 of the past 120 days) will be exempt from this PA criteria
- Utilization of benzodiazepines with carisoprodol and combinations will require prior authorization for medical necessity
- Documentation will be reviewed for medical necessity including, but not limited to, appropriate diagnoses and trials of other agents
- Prescriber must submit documentation via fax form with signed attestation

Approval duration: Up to 3 months

II. Criteria for concurrent carisoprodol and benzodiazepine

- A.** Documentation shows clear need for muscle relaxant
- B.** Requires trial of at least 2 preferred muscle relaxants including baclofen, chlorzoxazone, cyclobenzaprine, methocarbamol or tizanidine

C. APPENDIX A – Utilization Edits

GPI	Drug	Dose	QL	GPI	Drug	Dose
57100010000305	alprazolam	0.25mg	3/day	57100010000305	alprazolam	0.25mg
57100010000310	alprazolam	0.5mg	3/day	57100010000310	alprazolam	0.5mg
57100010000315	alprazolam	1mg	PA Req'd	57100010000315	alprazolam	1mg
57100010000320	alprazolam	2mg	PA Req'd	57100010000320	alprazolam	2mg
57100010001310	alprazolam conc	1mg/ml	PA Req'd	57100010001310	alprazolam conc	1mg/ml
57100010007205	alprazolam ODT	0.25mg	3/day	57100010007205	alprazolam ODT	0.25mg
57100010007210	alprazolam ODT	0.5mg	3/day	57100010007210	alprazolam ODT	0.5mg
57100010007215	alprazolam ODT	1mg	PA Req'd	57100010007215	alprazolam ODT	1mg
57100010007220	alprazolam ODT	2mg	PA Req'd	57100010007220	alprazolam ODT	2mg
57100010007505	alprazolam ER	0.5mg	PA Req'd	57100010007505	alprazolam ER	0.5mg
57100010007510	alprazolam ER	1mg	PA Req'd	57100010007510	alprazolam ER	1mg
57100010007520	alprazolam ER	2mg	PA Req'd	57100010007520	alprazolam ER	2mg
57100010007530	alprazolam ER	3mg	PA Req'd	57100010007530	alprazolam ER	3mg
57100020100105	chlordiazepoxide	5mg	3/day	57100020100105	chlordiazepoxide	5mg
57100020100110	chlordiazepoxide	10mg	3/day	57100020100110	chlordiazepoxide	10mg
57100020100115	chlordiazepoxide	25mg	PA Req'd	57100020100115	chlordiazepoxide	25mg
06299200220031	chlordiazepoxide- amitriptyline	5- 12.5mg	PA Req'd	06299200220031	chlordiazepoxide- amitriptyline	5-12.5mg
06299200220032	chlordiazepoxide- amitriptyline	10- 25mg	PA Req'd	06299200220032	chlordiazepoxide- amitriptyline	10-25mg

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GPI	Drug	Dose	QL	GPI	Drug
72100010000305	clonazepam	0.5mg	2/day	72100010000305	clonazepam
72100010000310	clonazepam	1mg	PA Req'd	72100010000310	clonazepam
72100010000315	clonazepam	2mg	PA Req'd	72100010000315	clonazepam
72100010007210	clonazepam ODT	0.125mg	2/day	72100010007210	clonazepam ODT
72100010007215	clonazepam ODT	0.25mg	2/day	72100010007215	clonazepam ODT
72100010007220	clonazepam ODT	0.5mg	2/day	72100010007220	clonazepam ODT
72100010007230	clonazepam ODT	1mg	PA Req'd	72100010007230	clonazepam ODT
72100010007240	clonazepam ODT	2mg	PA Req'd	72100010007240	clonazepam ODT
57100030100305	clorazepate	3.75mg	2/day	57100030100305	clorazepate
57100030100310	clorazepate	7.5mg	2/day	57100030100310	clorazepate
57100030100320	clorazepate	15mg	2/day	57100030100320	clorazepate
57100040000305	diazepam	2mg	2/day	57100040000305	diazepam
57100040000310	diazepam	5mg	2/day	57100040000310	diazepam
57100040000315	diazepam	10mg	PA Req'd	57100040000315	diazepam
57100040001310	diazepam conc	5mg/ml	PA Req'd	57100040001310	diazepam conc
57100040002001	diazepam oral soln	1mg/ml	10ml/day	57100040002001	diazepam oral soln
60201005000310	estazolam	1mg	1/day	60201005000310	estazolam
60201005000320	estazolam	2mg	PA Req'd	60201005000320	estazolam
60201010100105	flurazepam	15mg	1/day	60201010100105	flurazepam
60201010100110	flurazepam	30mg	PA Req'd	60201010100110	flurazepam
57100060000305	lorazepam	0.5mg	3/day	57100060000305	lorazepam
57100060000310	lorazepam	1mg	3/day	57100060000310	lorazepam
57100060000315	lorazepam	2mg	PA Req'd	57100060000315	lorazepam
57100060001320	lorazepam conc	2mg/ml	PA Req'd	57100060001320	lorazepam conc
60201025101220	midazolam syrp	2mg/ml	PA Req'd	60201025101220	midazolam syrp
57100070000105	oxazepam	10mg	3/day	57100070000105	oxazepam
57100070000110	oxazepam	15mg	3/day	57100070000110	oxazepam
57100070000115	oxazepam	30mg	PA Req'd	57100070000115	oxazepam
60201028000310	quazepam	15mg	1/day	60201028000310	quazepam
60201030000103	temazepam	7.5mg	1/day	60201030000103	temazepam
60201030000105	temazepam	15mg	1/day	60201030000105	temazepam
60201030000108	temazepam	22.5mg	PA Req'd	60201030000108	temazepam

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GPI	Drug	Dose	QL	GPI		Drug
60201030000110	temazepam	30mg	PA Req'd	60201030000110	temazepam	30mg
60201040000305	triazolam	0.125mg	2 tabs/10 days	60201040000305	triazolam	0.125mg
60201040000310	triazolam	0.25mg	2 tabs/10 days	60201040000310	triazolam	0.25mg
GPI	Drug	Dose	QL	GPI	Drug	Dose
57100010000305	alprazolam	0.25mg	3/day	57100010000305	alprazolam	0.25mg
57100010000310	alprazolam	0.5mg	3/day	57100010000310	alprazolam	0.5mg
57100010000315	alprazolam	1mg	PA Req'd	57100010000315	alprazolam	1mg
57100010000320	alprazolam	2mg	PA Req'd	57100010000320	alprazolam	2mg
57100010001310	alprazolam conc	1mg/ml	PA Req'd	57100010001310	alprazolam conc	1mg/ml
57100010007205	alprazolam ODT	0.25mg	3/day	57100010007205	alprazolam ODT	0.25mg
57100010007210	alprazolam ODT	0.5mg	3/day	57100010007210	alprazolam ODT	0.5mg
57100010007215	alprazolam ODT	1mg	PA Req'd	57100010007215	alprazolam ODT	1mg
57100010007220	alprazolam ODT	2mg	PA Req'd	57100010007220	alprazolam ODT	2mg
57100010007505	alprazolam ER	0.5mg	PA Req'd	57100010007505	alprazolam ER	0.5mg
57100010007510	alprazolam ER	1mg	PA Req'd	57100010007510	alprazolam ER	1mg
57100010007520	alprazolam ER	2mg	PA Req'd	57100010007520	alprazolam ER	2mg
57100010007530	alprazolam ER	3mg	PA Req'd	57100010007530	alprazolam ER	3mg
57100020100105	chlordiazepoxide	5mg	3/day	57100020100105	chlordiazepoxide	5mg
57100020100110	chlordiazepoxide	10mg	3/day	57100020100110	chlordiazepoxide	10mg
57100020100115	chlordiazepoxide	25mg	PA Req'd	57100020100115	chlordiazepoxide	25mg
06299200220031	chlordiazepoxide- amitriptyline	5- 12.5mg	PA Req'd	06299200220031	chlordiazepoxide- amitriptyline	5-12.5mg
06299200220032	chlordiazepoxide- amitriptyline	10- 25mg	PA Req'd	06299200220032	chlordiazepoxide- amitriptyline	10-25mg
72100010000305	clonazepam	0.5mg	2/day	72100010000305	clonazepam	0.5mg
72100010000310	clonazepam	1mg	PA Req'd	72100010000310	clonazepam	1mg
72100010000315	clonazepam	2mg	PA Req'd	72100010000315	clonazepam	2mg
72100010007210	clonazepam ODT	0.125mg	2/day	72100010007210	clonazepam ODT	0.125mg
72100010007215	clonazepam ODT	0.25mg	2/day	72100010007215	clonazepam ODT	0.25mg
72100010007220	clonazepam ODT	0.5mg	2/day	72100010007220	clonazepam ODT	0.5mg
72100010007230	clonazepam ODT	1mg	PA Req'd	72100010007230	clonazepam ODT	1mg

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Benzodiazepine with Concurrent Opioid Analgesic



GPI	Drug	Dose	QL	GPI	Drug	Dose
72100010007240	clonazepam ODT	2mg	PA Req'd	72100010007240	clonazepam ODT	2mg
57100030100305	clorazepate	3.75mg	2/day	57100030100305	clorazepate	3.75mg
57100030100310	clorazepate	7.5mg	2/day	57100030100310	clorazepate	7.5mg
57100030100320	clorazepate	15mg	2/day	57100030100320	clorazepate	15mg
57100040000305	diazepam	2mg	2/day	57100040000305	diazepam	2mg
57100040000310	diazepam	5mg	2/day	57100040000310	diazepam	5mg
57100040000315	diazepam	10mg	PA Req'd	57100040000315	diazepam	10mg
57100040001310	diazepam conc	5mg/ml	PA Req'd	57100040001310	diazepam conc	5mg/ml
57100040002001	diazepam oral soln	1mg/ml	10ml/day	57100040002001	diazepam oral soln	1mg/ml
60201005000310	estazolam	1mg	1/day	60201005000310	estazolam	1mg
60201005000320	estazolam	2mg	PA Req'd	60201005000320	estazolam	2mg
60201010100105	flurazepam	15mg	1/day	60201010100105	flurazepam	15mg
60201010100110	flurazepam	30mg	PA Req'd	60201010100110	flurazepam	30mg
57100060000305	lorazepam	0.5mg	3/day	57100060000305	lorazepam	0.5mg
57100060000310	lorazepam	1mg	3/day	57100060000310	lorazepam	1mg
57100060000315	lorazepam	2mg	PA Req'd	57100060000315	lorazepam	2mg
57100060001320	lorazepam conc	2mg/ml	PA Req'd	57100060001320	lorazepam conc	2mg/ml
60201025101220	midazolam syrp	2mg/ml	PA Req'd	60201025101220	midazolam syrp	2mg/ml
57100070000105	oxazepam	10mg	3/day	57100070000105	oxazepam	10mg
57100070000110	oxazepam	15mg	3/day	57100070000110	oxazepam	15mg
57100070000115	oxazepam	30mg	PA Req'd	57100070000115	oxazepam	30mg
60201028000310	quazepam	15mg	1/day	60201028000310	quazepam	15mg
60201030000103	temazepam	7.5mg	1/day	60201030000103	temazepam	7.5mg
60201030000105	temazepam	15mg	1/day	60201030000105	temazepam	15mg
60201030000108	temazepam	22.5mg	PA Req'd	60201030000108	temazepam	22.5mg
60201030000110	temazepam	30mg	PA Req'd	60201030000110	temazepam	30mg
60201040000305	triazolam	0.125mg	2 tabs/10 days	60201040000305	triazolam	0.125mg
60201040000310	triazolam	0.25mg	2 tabs/10 days	60201040000310	triazolam	0.25mg
GPI	Drug	Dose	QL	GPI	Drug	Dose
57100010000305	alprazolam	0.25mg	3/day	57100010000305	alprazolam	0.25mg
57100010000310	alprazolam	0.5mg	3/day	57100010000310	alprazolam	0.5mg

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GPI	Drug	Dose	QL	GPI	Drug
57100010000315	alprazolam	1mg	PA Req'd	57100010000315	alprazolam
57100010000320	alprazolam	2mg	PA Req'd	57100010000320	alprazolam
57100010001310	alprazolam conc	1mg/ml	PA Req'd	57100010001310	alprazolam conc
57100010007205	alprazolam ODT	0.25mg	3/day	57100010007205	alprazolam ODT
57100010007210	alprazolam ODT	0.5mg	3/day	57100010007210	alprazolam ODT
57100010007215	alprazolam ODT	1mg	PA Req'd	57100010007215	alprazolam ODT
57100010007220	alprazolam ODT	2mg	PA Req'd	57100010007220	alprazolam ODT
57100010007505	alprazolam ER	0.5mg	PA Req'd	57100010007505	alprazolam ER
57100010007510	alprazolam ER	1mg	PA Req'd	57100010007510	alprazolam ER
57100010007520	alprazolam ER	2mg	PA Req'd	57100010007520	alprazolam ER
57100010007530	alprazolam ER	3mg	PA Req'd	57100010007530	alprazolam ER
57100020100105	chlordiazepoxide	5mg	3/day	57100020100105	chlordiazepoxide
57100020100110	chlordiazepoxide	10mg	3/day	57100020100110	chlordiazepoxide
57100020100115	chlordiazepoxide	25mg	PA Req'd	57100020100115	chlordiazepoxide
06299200220031	chlordiazepoxide-amitriptyline	5-12.5mg	PA Req'd	06299200220031	chlordiazepoxide-amitriptyline
06299200220032	chlordiazepoxide-amitriptyline	10-25mg	PA Req'd	06299200220032	chlordiazepoxide-amitriptyline
72100010000305	clonazepam	0.5mg	2/day	72100010000305	clonazepam
72100010000310	clonazepam	1mg	PA Req'd	72100010000310	clonazepam
72100010000315	clonazepam	2mg	PA Req'd	72100010000315	clonazepam
72100010007210	clonazepam ODT	0.125mg	2/day	72100010007210	clonazepam ODT
72100010007215	clonazepam ODT	0.25mg	2/day	72100010007215	clonazepam ODT
72100010007220	clonazepam ODT	0.5mg	2/day	72100010007220	clonazepam ODT
72100010007230	clonazepam ODT	1mg	PA Req'd	72100010007230	clonazepam ODT
72100010007240	clonazepam ODT	2mg	PA Req'd	72100010007240	clonazepam ODT
57100030100305	clorazepate	3.75mg	2/day	57100030100305	clorazepate
57100030100310	clorazepate	7.5mg	2/day	57100030100310	clorazepate
57100030100320	clorazepate	15mg	2/day	57100030100320	clorazepate
57100040000305	diazepam	2mg	2/day	57100040000305	diazepam
57100040000310	diazepam	5mg	2/day	57100040000310	diazepam
57100040000315	diazepam	10mg	PA Req'd	57100040000315	diazepam

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GPI	Drug	Dose	QL	GPI	Drug
57100040001310	diazepam conc	5mg/ml	PA Req'd	57100040001310	diazepam conc
57100040002001	diazepam oral soln	1mg/ml	10ml/day	57100040002001	diazepam oral soln

ATTACHMENTS

- Prescriber Concurrent Benzodiazepine/Opioids Attestation Form

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy Created	10/17/2018	10/17/2018
Added Carisporodol criteria	11/2018	11/2018
Annual Review – No changes	10/2019	10/2019
Annual Review – No changes	10/2020	10/2020
Updated Appendix A	06/16/2021	

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

For Health Insurance Marketplace members, when applicable, this policy applies only when the prescribed agent is on your health plan approved formulary. Request for non-formulary drugs must be reviewed using the formulary exception policy.

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