

The drugs, Niravam (alprazolam ODT) and Klonopin Wafer (clonazepam ODT), are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. The criterion for automatic coverage is as follows:

- Must have documented pharmacy claim history of one of the following:
 - Alprazolam (Xanax®) for alprazolam ODT (Niravam)
 - Clonazepam (Klonopin®) for clonazepam ODT (Klonopin Wafer)

2. For members without a documented claim history of either alprazolam (Xanax) or clonazepam (Klonopin), a medical necessity review is completed, and one of the following criteria must be met:

- Must have documentation indicating that the member has tried and failed either alprazolam (Xanax) or clonazepam (Klonopin) with inadequate response or intolerance
- Must have documentation of the inability to swallow an oral solid dosage form due to age (<7 years) or medical condition (e.g. as with a nasogastric tube)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Niravam [package insert]. Philadelphia, PA: Azur Pharma, Inc.; 2005.
2. Xanax [package insert]. New York, NY: Pfizer Pharmaceuticals; June 2011.
3. Klonopin and Klonopin Wafer [package insert]. South San Francisco, CA: Genentech Inc.; August 2010.



RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

