

Clinical Policy Title:	lorazepam
Policy Number:	RxA.710
Drug(s) Applied:	Loreev XR®
Original Policy Date:	12/07/2021
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Anxiety (must meet all):

1. Diagnosis of Anxiety disorders;
2. Age ≥ 18 years;
3. Member has been stable on lorazepam three times daily regimen prior to starting Loreev XR® therapy;
4. Dose does not exceed 10 mg/day.

Approval Duration

Commercial: 4 Months

Medicaid: 4 Months

II. Continued Therapy Approval

A. Anxiety (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Dose does not exceed 10 mg/day.

Approval Duration

Commercial: 4 months

Medicaid: 4 months

References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/04/2021	12/07/2021
Policy was reviewed.	9S/6/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.