



Benzodiazepines Quantity Limit Program Summary

Quantity limits apply to Medicaid only.

POLICY REVIEW CYCLE

Effective Date
07-01-2024

Date of Origin

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

POLICY AGENT SUMMARY QUANTITY LIMIT

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | QL Amount | Dose Form | Day Supply | Duration | Addtl QL Info | Allowed Exceptions | Targeted NDCs When Exclusions Exist |
|----------------------------|---|-----------|-----------|-----------|------------|----------|---------------|--------------------|-------------------------------------|
| | Alprazolam Orally Disintegrating Tab 0.25 MG | 0.25 MG | 120 | Tablets | 30 | DAYS | | | |
| | Alprazolam Orally Disintegrating Tab 0.5 MG | 0.5 MG | 120 | Tablets | 30 | DAYS | | | |
| | Alprazolam Orally Disintegrating Tab 1 MG | 1 MG | 120 | Tablets | 30 | DAYS | | | |
| | Alprazolam Orally Disintegrating Tab 2 MG | 2 MG | 90 | Tablets | 30 | DAYS | | | |
| | Chlordiazepoxide HCl Cap 10 MG | 10 MG | 120 | Capsules | 30 | DAYS | | | |
| | Chlordiazepoxide HCl Cap 25 MG | 25 MG | 120 | Capsules | 30 | DAYS | | | |
| | Chlordiazepoxide HCl Cap 5 MG | 5 MG | 120 | Capsules | 30 | DAYS | | | |
| | Chlordiazepoxide-Amitriptyline Tab 10-25 MG | 10-25 MG | 180 | Tablets | 30 | DAYS | | | |
| | Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG | 5-12.5 MG | 120 | Tablets | 30 | DAYS | | | |
| | Clonazepam Orally Disintegrating Tab 0.125 MG | 0.125 MG | 90 | Tablets | 30 | DAYS | | | |
| | Clonazepam Orally Disintegrating Tab 0.25 MG | 0.25 MG | 90 | Tablets | 30 | DAYS | | | |

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | QL Amount | Dose Form | Day Supply | Duration | Addtl QL Info | Allowed Exceptions | Targeted NDCs When Exclusions Exist |
|----------------------------|---|------------|-----------|--------------|------------|----------|---------------|--------------------|-------------------------------------|
| | Clonazepam Orally Disintegrating Tab 0.5 MG | 0.5 MG | 90 | Tablets | 30 | DAYS | | | |
| | Clonazepam Orally Disintegrating Tab 1 MG | 1 MG | 90 | Tablets | 30 | DAYS | | | |
| | Clonazepam Orally Disintegrating Tab 2 MG | 2 MG | 60 | Tablets | 30 | DAYS | | | |
| | Clorazepate Dipotassium Tab 15 MG | 15 MG | 120 | Tablets | 30 | DAYS | | | |
| | Clorazepate Dipotassium Tab 3.75 MG | 3.75 MG | 90 | Tablets | 30 | DAYS | | | |
| | Diazepam Oral Soln 1 MG/ML | 5 MG/5ML | 1200 | mLs | 30 | DAYS | | | |
| | Estazolam Tab 1 MG | 1 MG | 30 | Tablets | 30 | DAYS | | | |
| | Estazolam Tab 2 MG | 2 MG | 30 | Tablets | 30 | DAYS | | | |
| | Flurazepam HCl Cap 15 MG | 15 MG | 30 | Capsules | 30 | DAYS | | | |
| | Flurazepam HCl Cap 30 MG | 30 MG | 30 | Capsules | 30 | DAYS | | | |
| | Midazolam HCl Syrup 2 MG/ML (Base Equivalent) | 2 MG/ML | 10 | mLs | 30 | DAYS | | | |
| | Oxazepam Cap 10 MG | 10 MG | 120 | Capsules | 30 | DAYS | | | |
| | Oxazepam Cap 15 MG | 15 MG | 120 | Capsules | 30 | DAYS | | | |
| | Oxazepam Cap 30 MG | 30 MG | 60 | Capsules | 30 | DAYS | | | |
| | Triazolam Tab 0.125 MG | 0.125 MG | 30 | Tablets | 30 | DAYS | | | |
| Alprazolam intensol | Alprazolam Conc 1 MG/ML | 1 MG/ML | 180 | mLs | 30 | DAYS | | | |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 0.5 MG | 0.5 MG | 30 | Tablets | 30 | DAYS | | | |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 1 MG | 1 MG | 30 | Tablets | 30 | DAYS | | | |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 2 MG | 2 MG | 60 | Tablets | 30 | DAYS | | | |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 3 MG | 3 MG | 60 | Tablets | 30 | DAYS | | | |
| Ativan | Lorazepam Tab 0.5 MG | 0.5 MG | 90 | Tablets | 30 | DAYS | | | |
| Ativan | Lorazepam Tab 1 MG | 1 MG | 90 | Tablets | 30 | DAYS | | | |
| Ativan | Lorazepam Tab 2 MG | 2 MG | 150 | Tablets | 30 | DAYS | | | |
| Diastat acudial | Diazepam Rectal Gel Delivery System 10 MG | 10 ; 10 MG | 2 | Twin Pack(s) | 30 | DAYS | | | |
| Diastat acudial | Diazepam Rectal Gel Delivery System 20 MG | 20 ; 20 MG | 2 | Twin Pack(s) | 30 | DAYS | | | |
| Diastat pediatric | Diazepam Rectal Gel Delivery System 2.5 MG | 2.5 MG | 2 | Twin Pack(s) | 30 | DAYS | | | |
| Diazepam intensol | Diazepam Conc 5 MG/ML | 5 MG/ML | 240 | mLs | 30 | DAYS | | | |

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | QL Amount | Dose Form | Day Supply | Duration | Addtl QL Info | Allowed Exceptions | Targeted NDCs When Exclusions Exist |
|----------------------------|--|-----------------------|-----------|-----------|------------|----------|---------------|--------------------|-------------------------------------|
| Doral | quazepam tab | 15 MG | 30 | Tablets | 30 | DAYS | | | |
| Halcion | Triazolam Tab 0.25 MG | 0.25 MG | 60 | Tablets | 30 | DAYS | | | |
| Klonopin | Clonazepam Tab 0.5 MG | 0.5 MG | 90 | Tablets | 30 | DAYS | | | |
| Klonopin | Clonazepam Tab 1 MG | 1 MG | 90 | Tablets | 30 | DAYS | | | |
| Klonopin | Clonazepam Tab 2 MG | 2 MG | 60 | Tablets | 30 | DAYS | | | |
| Lorazepam intensol | Lorazepam Conc 2 MG/ML | 1 MG/0.5 ML ; 2 MG/ML | 150 | mLs | 30 | DAYS | | | |
| Loreev xr | Lorazepam Cap ER | 1 MG | 30 | Capsules | 30 | DAYS | | | |
| Loreev xr | Lorazepam Cap ER | 1.5 MG | 30 | Capsules | 30 | DAYS | | | |
| Loreev xr | Lorazepam Cap ER | 2 MG | 150 | Capsules | 30 | DAYS | | | |
| Loreev xr | Lorazepam Cap ER | 3 MG | 90 | Capsules | 30 | DAYS | | | |
| Nayzilam | Midazolam Nasal Spray Soln 5 MG/0.1 ML | 5 MG/0.1 ML | 10 | Sprays | 30 | DAYS | | | |
| Onfi | Clobazam Suspension 2.5 MG/ML | 2.5 MG/ML | 480 | mLs | 30 | DAYS | | | |
| Onfi | Clobazam Tab 10 MG | 10 MG | 60 | Tablets | 30 | DAYS | | | |
| Onfi | Clobazam Tab 20 MG | 20 MG | 60 | Tablets | 30 | DAYS | | | |
| Restoril | Temazepam Cap 15 MG | 15 MG | 30 | Capsules | 30 | DAYS | | | |
| Restoril | Temazepam Cap 22.5 MG | 22.5 MG | 30 | Capsules | 30 | DAYS | | | |
| Restoril | Temazepam Cap 30 MG | 30 MG | 30 | Capsules | 30 | DAYS | | | |
| Restoril | Temazepam Cap 7.5 MG | 7.5 MG | 30 | Capsules | 30 | DAYS | | | |
| Sympazan | Clobazam Oral Film 10 MG | 10 MG | 60 | Films | 30 | DAYS | | | |
| Sympazan | Clobazam Oral Film 20 MG | 20 MG | 60 | Films | 30 | DAYS | | | |
| Sympazan | Clobazam Oral Film 5 MG | 5 MG | 240 | Films | 30 | DAYS | | | |
| Tranxene t | Clorazepate Dipotassium Tab 7.5 MG | 7.5 MG | 90 | Tablets | 30 | DAYS | | | |
| Valium | Diazepam Tab 10 MG | 10 MG | 120 | Tablets | 30 | DAYS | | | |
| Valium | Diazepam Tab 2 MG | 2 MG | 120 | Tablets | 30 | DAYS | | | |
| Valium | Diazepam Tab 5 MG | 5 MG | 120 | Tablets | 30 | DAYS | | | |
| Valtoco 10 mg dose | Diazepam Nasal Spray 10 MG/0.1 ML | 10 MG/0.1 ML | 5 | Boxes | 30 | DAYS | | | |
| Valtoco 15 mg dose | Diazepam Nasal Spray Ther Pack 2 x 7.5 MG/0.1ML (15 MG Dose) | 7.5 MG/0.1 ML | 5 | Boxes | 30 | DAYS | | | |

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | QL Amount | Dose Form | Day Supply | Duration | Addtl QL Info | Allowed Exceptions | Targeted NDCs When Exclusions Exist |
|----------------------------|---|--------------|-----------|-----------|------------|----------|---------------|--------------------|-------------------------------------|
| Valtoco 20 mg dose | Diazepam Nasal Spray Ther Pack 2 x 10 MG/0.1ML (20 MG Dose) | 10 MG/0.1 ML | 5 | Boxes | 30 | DAYS | | | |
| Valtoco 5 mg dose | Diazepam Nasal Spray 5 MG/0.1 ML | 5 MG/0.1 ML | 5 | Boxes | 30 | DAYS | | | |
| Xanax | Alprazolam Tab 0.25 MG | 0.25 MG | 120 | Tablets | 30 | DAYS | | | |
| Xanax | Alprazolam Tab 0.5 MG | 0.5 MG | 120 | Tablets | 30 | DAYS | | | |
| Xanax | Alprazolam Tab 1 MG | 1 MG | 120 | Tablets | 30 | DAYS | | | |
| Xanax | Alprazolam Tab 2 MG | 2 MG | 90 | Tablets | 30 | DAYS | | | |

CLIENT SUMMARY – QUANTITY LIMITS

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | Client Formulary |
|----------------------------|---|-----------|------------------|
| | Alprazolam Orally Disintegrating Tab 0.25 MG | 0.25 MG | Medicaid |
| | Alprazolam Orally Disintegrating Tab 0.5 MG | 0.5 MG | Medicaid |
| | Alprazolam Orally Disintegrating Tab 1 MG | 1 MG | Medicaid |
| | Alprazolam Orally Disintegrating Tab 2 MG | 2 MG | Medicaid |
| | Chlordiazepoxide HCl Cap 10 MG | 10 MG | Medicaid |
| | Chlordiazepoxide HCl Cap 25 MG | 25 MG | Medicaid |
| | Chlordiazepoxide HCl Cap 5 MG | 5 MG | Medicaid |
| | Chlordiazepoxide-Amitriptyline Tab 10-25 MG | 10-25 MG | Medicaid |
| | Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG | 5-12.5 MG | Medicaid |
| | Clonazepam Orally Disintegrating Tab 0.125 MG | 0.125 MG | Medicaid |
| | Clonazepam Orally Disintegrating Tab 0.25 MG | 0.25 MG | Medicaid |
| | Clonazepam Orally Disintegrating Tab 0.5 MG | 0.5 MG | Medicaid |
| | Clonazepam Orally Disintegrating Tab 1 MG | 1 MG | Medicaid |
| | Clonazepam Orally Disintegrating Tab 2 MG | 2 MG | Medicaid |
| | Clorazepate Dipotassium Tab 15 MG | 15 MG | Medicaid |
| | Clorazepate Dipotassium Tab 3.75 MG | 3.75 MG | Medicaid |
| | Diazepam Oral Soln 1 MG/ML | 5 MG/5ML | Medicaid |
| | Estazolam Tab 1 MG | 1 MG | Medicaid |
| | Estazolam Tab 2 MG | 2 MG | Medicaid |
| | Flurazepam HCl Cap 15 MG | 15 MG | Medicaid |

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | Client Formulary |
|----------------------------|--|----------------------|------------------|
| | Flurazepam HCl Cap 30 MG | 30 MG | Medicaid |
| | Midazolam HCl Syrup 2 MG/ML (Base Equivalent) | 2 MG/ML | Medicaid |
| | Oxazepam Cap 10 MG | 10 MG | Medicaid |
| | Oxazepam Cap 15 MG | 15 MG | Medicaid |
| | Oxazepam Cap 30 MG | 30 MG | Medicaid |
| | Triazolam Tab 0.125 MG | 0.125 MG | Medicaid |
| Alprazolam intensol | Alprazolam Conc 1 MG/ML | 1 MG/ML | Medicaid |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 0.5 MG | 0.5 MG | Medicaid |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 1 MG | 1 MG | Medicaid |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 2 MG | 2 MG | Medicaid |
| Alprazolam xr ; Xanax xr | Alprazolam Tab ER 24HR 3 MG | 3 MG | Medicaid |
| Ativan | Lorazepam Tab 0.5 MG | 0.5 MG | Medicaid |
| Ativan | Lorazepam Tab 1 MG | 1 MG | Medicaid |
| Ativan | Lorazepam Tab 2 MG | 2 MG | Medicaid |
| Diastat acudial | Diazepam Rectal Gel Delivery System 10 MG | 10 ; 10 MG | Medicaid |
| Diastat acudial | Diazepam Rectal Gel Delivery System 20 MG | 20 ; 20 MG | Medicaid |
| Diastat pediatric | Diazepam Rectal Gel Delivery System 2.5 MG | 2.5 MG | Medicaid |
| Diazepam intensol | Diazepam Conc 5 MG/ML | 5 MG/ML | Medicaid |
| Doral | quazepam tab | 15 MG | Medicaid |
| Halcion | Triazolam Tab 0.25 MG | 0.25 MG | Medicaid |
| Klonopin | Clonazepam Tab 0.5 MG | 0.5 MG | Medicaid |
| Klonopin | Clonazepam Tab 1 MG | 1 MG | Medicaid |
| Klonopin | Clonazepam Tab 2 MG | 2 MG | Medicaid |
| Lorazepam intensol | Lorazepam Conc 2 MG/ML | 1 MG/0.5ML ; 2 MG/ML | Medicaid |
| Loreev xr | Lorazepam Cap ER | 1.5 MG | Medicaid |
| Loreev xr | Lorazepam Cap ER | 2 MG | Medicaid |
| Loreev xr | Lorazepam Cap ER | 1 MG | Medicaid |
| Loreev xr | Lorazepam Cap ER | 3 MG | Medicaid |
| Nayzilam | Midazolam Nasal Spray Soln 5 MG/0.1 ML | 5 MG/0.1ML | Medicaid |
| Onfi | Clobazam Suspension 2.5 MG/ML | 2.5 MG/ML | Medicaid |
| Onfi | Clobazam Tab 10 MG | 10 MG | Medicaid |
| Onfi | Clobazam Tab 20 MG | 20 MG | Medicaid |
| Restoril | Temazepam Cap 15 MG | 15 MG | Medicaid |
| Restoril | Temazepam Cap 22.5 MG | 22.5 MG | Medicaid |
| Restoril | Temazepam Cap 30 MG | 30 MG | Medicaid |
| Restoril | Temazepam Cap 7.5 MG | 7.5 MG | Medicaid |
| Sympazan | Clobazam Oral Film 10 MG | 10 MG | Medicaid |
| Sympazan | Clobazam Oral Film 20 MG | 20 MG | Medicaid |
| Sympazan | Clobazam Oral Film 5 MG | 5 MG | Medicaid |
| Tranxene t | Clorazepate Dipotassium Tab 7.5 MG | 7.5 MG | Medicaid |
| Valium | Diazepam Tab 10 MG | 10 MG | Medicaid |
| Valium | Diazepam Tab 2 MG | 2 MG | Medicaid |
| Valium | Diazepam Tab 5 MG | 5 MG | Medicaid |
| Valtoco 10 mg dose | Diazepam Nasal Spray 10 MG/0.1 ML | 10 MG/0.1ML | Medicaid |
| Valtoco 15 mg dose | Diazepam Nasal Spray Ther Pack 2 x 7.5 MG/0.1ML (15 MG Dose) | 7.5 MG/0.1ML | Medicaid |
| Valtoco 20 mg dose | Diazepam Nasal Spray Ther Pack 2 x 10 MG/0.1ML (20 MG Dose) | 10 MG/0.1ML | Medicaid |

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | Client Formulary |
|----------------------------|----------------------------------|------------|------------------|
| Valtoco 5 mg dose | Diazepam Nasal Spray 5 MG/0.1 ML | 5 MG/0.1ML | Medicaid |
| Xanax | Alprazolam Tab 0.25 MG | 0.25 MG | Medicaid |
| Xanax | Alprazolam Tab 0.5 MG | 0.5 MG | Medicaid |
| Xanax | Alprazolam Tab 1 MG | 1 MG | Medicaid |
| Xanax | Alprazolam Tab 2 MG | 2 MG | Medicaid |

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

| Module | Clinical Criteria for Approval |
|--------|---|
| QL | <p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: <ol style="list-style-type: none"> 1. The requested agent does not have a maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR C. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication <p>Length of Approval: up to 12 months</p> |