

Clinical Policy Title:	lorazepam
Policy Number:	RxA.710
Drug(s) Applied:	Loreev XR®
Original Policy Date:	12/07/2021
Last Review Date:	08/28/2024
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. Member has been stable on lorazepam three times daily regimen prior to starting Loreev XR® therapy.

Approval Duration

All Lines of Business (except Medicare): 4 months

II. Continued Therapy Approval

A. Anxiety (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 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
Policy was reviewed: <ol style="list-style-type: none"> 1. Removed age restrictions. 2. Removed dose restrictions. 3. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 	9/28/2024	9/13/2024

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.

<ol style="list-style-type: none">4. Removed reauthorization requirement for positive response to therapy.5. Updated approval duration verbiage.		
---	--	--