

**NC Medicaid
Prior Approval Criteria
Loreev XR**

Effective Date: xx/xx/xxxx

DRAFT

Therapeutic Class Code: H20

Therapeutic Class Description: Anti-Anxiety - Benzodiazepines

Medication
Loreev XR

Eligible Beneficiaries

NC Medicaid (Medicaid) beneficiaries shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.

EPSDT Special Provision: Exception to Policy Limitations for Beneficiaries under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure:

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider’s documentation shows that the requested service is medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**NC Medicaid
Prior Approval Criteria
Loreev XR**

Effective Date: xx/xx/xxxx

EPSDT and Prior Approval Requirements

- a. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *Basic Medicaid Billing Guide*, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page:

<https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaid-benefit-children-and-adolescents>

Initial Request:

- Beneficiary is 18 years of age or older; AND
- Beneficiary is currently taking lorazepam immediate release tablets consistently three times daily; AND
- Beneficiary has been on a stable dose of lorazepam for at least 6 weeks; AND
- There is clinical evidence or beneficiary history that suggests the continued use of the generic immediate release lorazepam tablets will be ineffective or cause an adverse reaction to the beneficiary

Duration of Approval: 12 months

Renewal Request:

- Beneficiary is currently receiving Loreev XR tablets and is adherent with therapy.
- Beneficiary is stable and has been seen in the past year by their medical provider.

**NC Medicaid
Prior Approval Criteria
Loreev XR**

Effective Date: xx/xx/xxxx

References

1. Almatica Pharma LLC. Loreev XR Package Insert. Morristown, NJ. January 2023.

**NC Medicaid
Prior Approval Criteria
Loreev XR**

Effective Date: xx/xx/xxxx

Criteria Change Log

<u>xx/xx/xxxx</u>	<u>Criteria effective date</u>
-------------------	--------------------------------