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| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
| Original Development Date: Original Effective Date: Revision Date: | July 7, 2020 |

CONCOMITANT THERAPY DRUG CRITERIA

LENGTH OF AUTHORIZATION: SIX MONTHS

REVIEW CRITERIA:

- Both therapies are prescribed by the same provider **OR** if multiple prescribers, both prescribers are aware of concomitant therapy as evidenced by clinical notes.
- Concomitant therapy is deemed medically necessary as evidenced by prescribers' clinical notes, **OR** by trial and failure on single therapy.
- Necessity for continued concomitant therapy and safety is periodically assessed as evidenced in clinical notes.
- This criterion is applicable to:
 - Benzodiazepine and stimulant concomitant therapy
 - Benzodiazepines and long acting opioids concomitant therapy
 - Non-benzodiazepine sedative and long acting opioids concomitant therapy

CONTINUATION OF THERAPY:

- Patient met initial review requirements.
- Clinical response to therapy submitted (supporting documentation required).
- Dosage and administration does not exceed FDA approved maximum for the patient's indication.
- Supporting documentation required if dose requested exceeds FDA approved maximum.