



Request for Prior Authorization
BENZODIAZEPINES

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.

Prior authorization is required for non-preferred benzodiazepines. Requests must document a previous trial and therapy failure with two preferred products. Requests for clobazam (Onfi) will be considered for a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older when used as an adjunctive treatment.

Preferred

- Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate 7.5mg, Clorazepate 15mg, Diazepam, Estazolam, Flurazepam, Lorazepam, Oxazepam, Temazepam 15 & 30mg

Non-Preferred

- Ativan, Alprazolam ER, Alprazolam ODT, Clonazepam ODT, Clorazepate, Dalmane, Doral, Halcion, Klonopin, Klonopin Wafers, Librium, Onfi, Prosom, Restoril, Serax, Temazepam 7.5 & 22.5mg, Tranxene, Triazolam, Xanax, Xanax XR

Other (specify) \_\_\_\_\_

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

- Generalized anxiety disorder, Panic attack with or without agoraphobia, Seizure, Other (please specify), Non-progressive motor disorder, Dystonia

Trial 1 with preferred agent: Drug Name \_\_\_\_\_ Strength \_\_\_\_\_

Dosage instructions \_\_\_\_\_ Trial Date from \_\_\_\_\_ Trial Date to \_\_\_\_\_

Trial 2 with preferred agent: Drug Name \_\_\_\_\_ Strength \_\_\_\_\_

Dosage instructions \_\_\_\_\_ Trial Date from \_\_\_\_\_ Trial Date to \_\_\_\_\_

Medical or contraindication reason to override trial requirements: \_\_\_\_\_

Reason for use of Non-Preferred drug requiring prior approval: \_\_\_\_\_

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid.