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## Benzodiazepines Prior Authorization of Benefits Form

**CONTAINS CONFIDENTIAL PATIENT INFORMATION**

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004 or Provider Help Desk 1-800-454-3730

### 1. Patient information

### 2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

### 3. Medication

### 4. Strength

### 5. Directions

### 6. Quantity per 30 days

_____	_____	_____	Specify: _____
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7. Diagnosis: \_\_\_\_\_

**8. Approval criteria:** (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization is required for non-preferred benzodiazepines. Payment for non-preferred benzodiazepines will be authorized in cases with documentation of previous trial and therapy failure with two preferred products. If a long-acting medication is requested, one of the therapeutic trials must include the immediate release form of the requested benzodiazepine. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determine if the use of a benzodiazepine is appropriate for this member. For patients taking concurrent opioids, the prescriber must document the following: 1) The risks of using opioids and benzodiazepines concurrently has been discussed with the patient. 2) Documentation as to why concurrent use is medically necessary is provided. 3) A plan to taper the opioid or benzodiazepine is provided, if appropriate. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

**Preferred**

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

**Non-Preferred**

- Ativan
- Alprazolam ER
- Alprazolam ODT
- Clonazepam ODT
- Dalmane
- Doral
- Halcion
- Klonopin
- Klonopin Wafers
- Librium
- Onfi
- Restoril
- Sympazan
- Other (specify) \_\_\_\_\_
- Temazepam 7.5/22.5mg
- Tranzene
- Triazolam
- Xanax
- Xanax XR

**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 \_\_\_\_\_

**Prescriber review of patient's controlled substances use on the Iowa PMP website:**

No  Yes Date Reviewed: \_\_\_\_\_

**Is benzodiazepine use appropriate for patient based on PMP review?**  No  Yes

**Patients taking concurrent opioids:**

Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient?  No  Yes

Medical necessity for concurrent use: \_\_\_\_\_

Provide plan to taper the opioid or benzodiazepine or medical rationale why not appropriate: \_\_\_\_\_

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.**

**9. Physician signature**

\_\_\_\_\_  
Prescriber or authorized signature

\_\_\_\_\_  
Date

*Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.*

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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