

Request for Prior Authorization BENZODIAZEPINES

FAX Completed Form To 1 (877) 733-3195 **Provider Help Desk** 1 (844) 236-1464

G Iowa Health Link Strank

(PLEASE PRINT -	- ACCURACY I	S IMPORTANT)
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Provider NPI Prescriber name Phone Prescriber address Fax Pharmacy name Address Phone Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned. Phone Pharmacy NPI Pharmacy fax NDC Pharmacy NPI Pharmacy fax NDC Infor authorization is required for non-preferred benzodiazepines. Payment for non-preferred benzodiazepines will be duthorized in cases with documentation of previous trial and therapy failure with two preferred products. Prior authorization and therapy failure with two preferred prescription Monitoring rogram website and determine if the use of a benzodiazepine is appropriate for this mestin function the requested encodiazepine concurrently has even floated with the patient if a use of a benzodiazepine is appropriate for this mestin function with two preferred products. Prior equired trials must include the immediate release form of the requested encodiazepine is appropriate. The required trials must include the immediate release form of the requested encodiazepine is appropriate. The required trials must include the immediate of this mestin concurrently has even floated with the patient is a benzodiazepine is appropriate. The required trials must include the immediate release form of the requested for this mestin function. Preferred Intrazolam Intrazolam Intrazolam Iprice and determine if the use of these agents would be mediated contradinated. Preferred Intrazolam Preferred Intr	IA Medicaid Member ID #	Patient name			DOB	
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(PLEASE PRINT – ACCURACY IS IMPORTANT)
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:

Request for Prior Authorization

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. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.