



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas

Anxiolytics – Chlordiazepoxide, Meprobamate, Oxazepam (Medicaid)

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at 1-888-487-9251. Please contact Molina Pharmacy Prior Authorization Department at 1-855-322-4080 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Anxiolytics – Chlordiazepoxide, Meprobamate, Oxazepam.

Table with 3 columns: Drug Name (select from list of drugs shown / provide drug information), CHLORDIAZEPOXIDE, MEPROBAMATE, OXAZEPAM

Table with 2 columns: Patient Information, Patient Name, Patient ID, Patient DOB

Table with 2 columns: Prescribing Physician, Physician Name, Physician Phone, Physician Fax, Physician Address, City, State, Zip

Table with 2 columns: Diagnosis, ICD Code, Directions for administration

***Please include all relevant clinical notes, lab work, medication history and any other applicable documentation.

Please circle the appropriate answer for each question.

- 1. Is the requested drug required per court order? (court order required) Y N
2. Does the patient have a history of a chlordiazepoxide (CLD), meprobamate (MePB), or oxazepam (OXAZ) agent for 90 days in the last 150 days? Y N
3. Is this request for a non-preferred drug? Y N
4. Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days? Y N

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| 5. | Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 365 days.</i>
<i>If the answer to this question is no, go to question 6.</i> | Y | N |
| 6. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?
<i>If the answer to this question is yes, approved for 365 days.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |
| 7. | Is the incoming request for less than or equal to 1 days supply?
<i>If the answer to this question is yes, go to question 8.</i>
<i>If the answer to this question is no, go to question 13.</i> | Y | N |
| 8. | Is the incoming request for less than or equal to 5 units per day?
<i>If the answer to this question is yes, go to question 9.</i>
<i>If the answer to this question is no, go to question 13.</i> | Y | N |
| 9. | Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 10.</i>
<i>If the answer to this question is no, approved for 1 day.</i> | Y | N |
| 10. | Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days?
<i>If the answer to this question is yes, approved for 1 day.</i>
<i>If the answer to this question is no, go to question 11.</i> | Y | N |
| 11. | Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 1 day.</i>
<i>If the answer to this question is no, go to question 12.</i> | Y | N |
| 12. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?
<i>If the answer to this question is yes, approved for 1 day.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |
| 13. | Does the patient have a diagnosis of anxiety disorder in the last 730 days?
<i>If the answer to this question is yes, go to question 15.</i>
<i>If the answer to this question is no, go to question 14.</i> | Y | N |
| 14. | Does the patient have a diagnosis of drug abuse in the last 730 days?
<i>If the answer to this question is yes, denied.</i>
<i>If the answer to this question is no, go to question 15.</i> | Y | N |
| 15. | Is the patient less than 6 years of age?
<i>If the answer to this question is yes, denied.</i>
<i>If the answer to this question is no, go to question 16</i> | Y | N |
| 16. | Is the patient between 6 and 18 years of age?
<i>If the answer to this question is yes, go to question 17.</i>
<i>If the answer to this question is no, go to question 28.</i> | Y | N |
| 17. | Does the patient have a diagnosis of an anxiety disorder in the last 730 days?
<i>If the answer to this question is yes, go to question 18.</i>
<i>If the answer to this question is no, go to question 23.</i> | Y | N |
| 18. | Does the patient have a history of an anxiolytic agent for 60 days in the last 90 days?
<i>If the answer to this question is yes, denied.</i>
<i>If the answer to this question is no, go to question 19.</i> | Y | N |
| 19. | Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 20.</i>
<i>If the answer to this question is no, approved for 60 days.</i> | Y | N |

20. Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days? Y N
If the answer to this question is yes, approved for 60 days.
If the answer to this question is no, go to question 21.
21. Is there a documented allergy or contraindication to preferred agents in this class? Y N
If the answer to this question is yes, approved for 60 days.
If the answer to this question is no, go to question 22.
22. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? Y N
If the answer to this question is yes, approved for 60 days.
If the answer to this question is no, denied.
23. Does the patient have a history of anxiolytic agent for 30 days in the last 60 days? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 24.
24. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 25.
If the answer to this question is no, approved for 30 days.
25. Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days? Y N
If the answer to this question is yes, approved for 30 days.
If the answer to this question is no, go to question 26.
26. Is there a documented allergy or contraindication to preferred agents in this class? Y N
If the answer to this question is yes, approved for 30 days.
If the answer to this question is no, go to question 27.
27. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? Y N
If the answer to this question is yes, approved for 30 days.
If the answer to this question is no, denied.
28. Does the patient have a diagnosis of an anxiety disorder in the last 730 days? Y N
If the answer to this question is yes, go to question 29.
If the answer to this question is no, go to question 34.
29. Does the patient have a history of an anxiolytic agent for 180 days in the last 200 days? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 30.
30. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 31.
If the answer to this question is no, approved for 180 days.
31. Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days? Y N
If the answer to this question is yes, approved for 180 days.
If the answer to this question is no, go to question 32.
32. Is there a documented allergy or contraindication to preferred agents in this class? Y N
If the answer to this question is yes, approved for 180 days.
If the answer to this question is no, go to question 33.
33. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? Y N
If the answer to this question is yes, approved for 180 days.
If the answer to this question is no, denied.
34. Does the patient have a history of an anxiolytic agent for 60 days in the last 90 days? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 35.

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| 35. Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 36.</i>
<i>If the answer to this question is no, approved for 60 days.</i> | Y | N |
| 36. Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days?
<i>If the answer to this question is yes, approved for 60 days.</i>
<i>If the answer to this question is no, go to question 37.</i> | Y | N |
| 37. Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 60 days.</i>
<i>If the answer to this question is no, go to question 38.</i> | Y | N |
| 38. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?
<i>If the answer to this question is yes, approved for 60 days.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (or Authorized) Signature

Date