



## Texas Standard Prior Authorization Form Addendum

### Molina Healthcare of Texas Anxiolytics – Clonazepam & Diazepam (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 – Clonazepam & Diazepam (Medicaid).

Drug Name (select from list of drugs shown / provide drug information)		
CLONAZEPAM DIS TAB	CLONAZEPAM ODT	CLONAZEPAM
DIAZEPAM	KLONOPIN	

Patient Information	
Patient Name:	
Patient ID:	
Patient DOB:	

Prescribing Physician	
Physician Name:	
Physician Phone:	
Physician Fax:	
Physician Address:	
City, State, Zip:	

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.

- Is the requested drug required per court order? (court order required) Y N  
*If the answer to this question is yes, approved for 365 days.*  
*If the answer to this question is no, go to question 2.*
- Does the patient have a history of a clonazepam or diazepam agent for 90 days in the last 150 days? Y N  
*If the answer to this question is yes, go to question 3.*  
*If the answer to this question is no, go to question 7.*
- Is this request for a non-preferred drug? Y N  
*If the answer to this question is yes, go to question 4.*  
*If the answer to this question is no, approved for 365 days.*
- 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 365 days.*  
*If the answer to this question is no, go to question 5.*

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| 5.  | Is there a documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><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?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><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?<br><i>If the answer to this question is yes, go to question 8.</i><br><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?<br><i>If the answer to this question is yes, go to question 9.</i><br><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?<br><i>If the answer to this question is yes, go to question 10.</i><br><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?<br><i>If the answer to this question is yes, approved for 1 day.</i><br><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?<br><i>If the answer to this question is yes, approved for 1 day.</i><br><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?<br><i>If the answer to this question is yes, approved for 1 day.</i><br><i>If the answer to this question is no, denied.</i>                    | Y | N |
| 13. | Does the patient have a diagnosis of epilepsy in the last 730 days?<br><i>If the answer to this question is yes, go to question 14.</i><br><i>If the answer to this question is no, go to question 18.</i>   | Y | N |
| 14. | Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 15.</i><br><i>If the answer to this question is no, approved for 365 days.</i>   | Y | N |
| 15. | Has the patient failed a 30 day treatment trial with at least 1 preferred agent within the last 180 days?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, go to question 16.</i> | Y | N |
| 16. | Is there a documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, go to question 17.</i>                      | Y | N |
| 17. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, denied.</i>                 | Y | N |
| 18. | Does the patient have a history of an anticonvulsant agent in the last 45 days?<br><i>If the answer to this question is yes, go to question 19.</i><br><i>If the answer to this question is no, go to question 23.</i>                               | Y | N |
| 19. | Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 20.</i><br><i>If the answer to this question is no, approved for 365 days.</i>   | Y | N |

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| 20. | Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, go to question 21.</i> | Y | N |
| 21. | Is there a documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, go to question 22.</i>                      | Y | N |
| 22. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, denied.</i>                 | Y | N |
| 23. | Does the patient have a diagnosis of a muscle disorder in the last 730 days?<br><i>If the answer to this question is yes, go to question 24.</i><br><i>If the answer to this question is no, go to question 28.</i>                                  | Y | N |
| 24. | Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 25.</i><br><i>If the answer to this question is no, approved for 365 days.</i>   | Y | N |
| 25. | Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, go to question 26.</i> | Y | N |
| 26. | Is there documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, go to question 27.</i>                        | Y | N |
| 27. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><i>If the answer to this question is yes, approved for 365 days.</i><br><i>If the answer to this question is no, denied.</i>                 | Y | N |
| 28. | Does the patient have a diagnosis of an anxiety disorder in the last 730 days?<br><i>If the answer to this question is yes, go to question 30.</i><br><i>If the answer to this question is no, go to question 29.</i>                                | Y | N |
| 29. | Does the patient have a diagnosis of drug abuse in the last 730 days?<br><i>If the answer to this question is yes, denied.</i><br><i>If the answer to this question is no, go to question 30.</i>  | Y | N |
| 30. | Is the patient less than 6 months of age?<br><i>If the answer to this question is yes, denied</i><br><i>If the answer to this question is no, go to question 31.</i>   | Y | N |
| 31. | Is the patient between 6 months to 18 years of age?<br><i>If the answer to this question is yes, go to question 32.</i><br><i>If the answer to this question is no, go to question 43.</i>   | Y | N |
| 32. | Does the patient have a diagnosis of anxiety disorder in the last 730 days?<br><i>If the answer to this question is yes, go to question 33.</i><br><i>If the answer to this question is no, go to question 38.</i>                                   | Y | N |
| 33. | Does the patient have a history of an anxiolytic agent for 60 days in the last 90 days?<br><i>If the answer to this question is yes, denied</i><br><i>If the answer to this question is no, go to question 34.</i>                                   | Y | N |
| 34. | Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 35.</i><br><i>If the answer to this question is no, approved for 60 days.</i>  | Y | N |

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| 35. | Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days?<br><i>If the answer to this question is yes, approved for 60 days.</i><br><i>If the answer to this question is no, go to question 36.</i>  | Y | N |
| 36. | Is there a documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 60 days.</i><br><i>If the answer to this question is no, go to question 37.</i>                       | Y | N |
| 37. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><i>If the answer to this question is yes, approved for 60 days.</i><br><i>If the answer to this question is no, denied.</i>                  | Y | N |
| 38. | Does the patient have a history of an anxiolytic agent for 30 days in the last 60 days?<br><i>If the answer to this question is yes, denied.</i><br><i>If the answer to this question is no, go to question 39.</i>                                  | Y | N |
| 39. | Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 40.</i><br><i>If the answer to this question is no, approved for 30 days.</i>  | Y | N |
| 40. | Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days?<br><i>If the answer to this question is yes, approved for 30 days.</i><br><i>If the answer to this question is no, go to question 41.</i>  | Y | N |
| 41. | Is there documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 30 days.</i><br><i>If the answer to this question is no, go to question 42.</i>                         | Y | N |
| 42. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><i>If the answer to this question is yes, approved for 30 days.</i><br><i>If the answer to this question is no, denied.</i>                  | Y | N |
| 43. | Does the patient have a diagnosis of anxiety disorder in the last 730 days?<br><i>If the answer to this question is yes, go to question 44.</i><br><i>If the answer to this question is no, go to question 49.</i>                                   | Y | N |
| 44. | Does the patient have a history of an anxiolytic agent for 180 days in the last 200 days?<br><i>If the answer to this question is yes, denied.</i><br><i>If the answer to this question is no, go to question 45.</i>                                | Y | N |
| 45. | Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 46.</i><br><i>If the answer to this question is no, approved for 180 days.</i>   | Y | N |
| 46. | Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days?<br><i>If the answer to this question is yes, approved for 180 days.</i><br><i>If the answer to this question is no, go to question 47.</i> | Y | N |
| 47. | Is there a documented allergy or contraindication to preferred agents in this class?<br><i>If the answer to this question is yes, approved for 180 days.</i><br><i>If the answer to this question is no, go to question 48.</i>                      | Y | N |
| 48. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><i>If the answer to this question is yes, approved for 180 days.</i><br><i>If the answer to this question is no, denied.</i>                 | Y | N |
| 49. | Does the patient have a history of an anxiolytic agent for 60 days in the last 90 days?<br><i>If the answer to this question is yes, denied.</i><br><i>If the answer to this question is no, go to question 50.</i>                                  | Y | N |

50. Is this request for a non-preferred drug?

Y

N

*If the answer to this question is yes, go to question 51.*  
*If the answer to this question is no, approved for 60 days.*
51. 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 52.*
52. 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 53.*
53. 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.*

Comments:

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

Prescriber (or Authorized) Signature

Date