Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas

Anxiolytics – Clorazepate (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 – Clorazepate (Medicaid).

Drug Name (select from list of drugs shown / provide drug information)	
CLORAZEPATE	TRANXENE T-TAB

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.

1. 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.

2. Does the patient have a history of a clorazepate 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.

3. 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.

4. 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.

5. 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 365 days.

If the answer to this question is no, go to question 6.

6. 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 365 days.
   If the answer to this question is no, denied.

7. Is the incoming request for less than or equal to 1 days supply? Y N
   If the answer to this question is yes, go to question 8.
   If the answer to this question is no, go to question 13.

8. Is the incoming request for less than or equal to 5 units per day? Y N
   If the answer to this question is yes, go to question 9.
   If the answer to this question is no, go to question 13.

9. Is this request for a non-preferred drug? Y N
   If the answer to this question is yes, go to question 10.
   If the answer to this question is no, approved for 1 day.

10. 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 1 day.
    If the answer to this question is no, go to question 11.

11. 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 1 day.
    If the answer to this question is no, go to question 12.

12. 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 1 day.
    If the answer to this question is no, denied.

13. Does the patient have a diagnosis of epilepsy in the last 730 days? Y N
    If the answer to this question is yes, go to question 14.
    If the answer to this question is no, go to question 18.

14. Is this request for a non-preferred drug? Y N
    If the answer to this question is yes, go to question 15.
    If the answer to this question is no, approved for 365 days.

15. 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 16.

16. 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 365 days.
    If the answer to this question is no, go to question 17.

17. 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 365 days.
    If the answer to this question is no, denied.

18. Does the patient have a history of an anticonvulsant agent in the last 45 days? Y N
    If the answer to this question is yes, go to question 19.
    If the answer to this question is no, go to question 23.

19. Is this request for a non-preferred drug? Y N
    If the answer to this question is yes, go to question 20.
    If the answer to this question is no, approved for 365 days.

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 365 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 365 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 365 days.
If the answer to this question is no, denied.

23. 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 25.
If the answer to this question is no, go to question 24.

24. Does the patient have a diagnosis of drug abuse in the last 730 days? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 25.

25. Is the patient less than 9 years of age? Y N
If the answer to this question is yes, denied
If the answer to this question is no, go to question 26.

26. Is the patient between 9 years to 18 years of age? Y N
If the answer to this question is yes, go to question 27.
If the answer to this question is no, go to question 38.

27. 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 28.
If the answer to this question is no, go to question 33.

28. 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 29.

29. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 30.
If the answer to this question is no, approved for 60 days.

30. 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 31.

31. 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 32.

32. 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.

33. Does the patient have a history of an 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 34.

34. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 35.
If the answer to this question is no, approved for 30 days.

35. 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 36.

36. 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 37.

37. 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.

38. 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 39.
If the answer to this question is no, go to question 44.

39. 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 40.

40. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 41.
If the answer to this question is no, approved for 180 days.

41. 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 42.

42. 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 43.

43. 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.

44. 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 45.

45. Is this request for a non-preferred drug? Y N
If the answer to this question is yes, go to question 46.
If the answer to this question is no, approved for 60 days.

46. 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 47.

47. Is there a 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 48.

48. 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