



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Sedatives/Hypnotics – Chloral Hydrate & Butabarbital (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 Sedatives/Hypnotics – Chloral Hydrate & Butabarbital (Medicaid).

Drug Name (select from list of drugs shown / provide drug information)
BUTISOL SODIUM 30 MG TABLET

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 butabarbital 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 14-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.

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| 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.
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.
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.
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.
If the answer to this question is no, approved for 1 day.</i> | Y | N |
| 10. | Has the patient failed a 14-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.
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.
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.
If the answer to this question is no, denied.</i> | Y | N |
| 13. | Does the patient have a diagnosis of chronic sleep disorder in the last 730 days?
<i>If the answer to this question is yes, go to question 15.
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.
If the answer to this question is no, go to question 15.</i> | Y | N |
| 15. | Is the patient less than 6 months of age?
<i>If the answer to this question is yes, denied.
If the answer to this question is no, go to question 16.</i> | Y | N |
| 16. | Is the patient between 6 months and 18 years of age?
<i>If the answer to this question is yes, go to question 17.
If the answer to this question is no, go to question 28.</i> | Y | N |
| 17. | Does the patient have a diagnosis of insomnia in the last 180 days?
<i>If the answer to this question is yes, go to question 18.
If the answer to this question is no, go to question 23.</i> | Y | N |
| 18. | Does the patient have a history of a sedative/hypnotic agent for 30 days in the last 60 days?
<i>If the answer to this question is yes, denied.
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.
If the answer to this question is no, approved for 30 days.</i> | Y | N |
| 20. | Has the patient failed a 14-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 30 days.</i> | Y | N |

If the answer to this question is no, go to question 21.

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| 21. Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 30 days.</i>
<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?
<i>If the answer to this question is yes, approved for 30 days.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |
| 23. Does the patient have a history of a sedative/hypnotic agent for 15 days in the last 30 days?
<i>If the answer to this question is yes, denied.</i>
<i>If the answer to this question is no, go to question 24.</i> | Y | N |
| 24. Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 25.</i>
<i>If the answer to this question is no, approved for 15 days.</i> | Y | N |
| 25. Has the patient failed a 14-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 15 days.</i>
<i>If the answer to this question is no, go to question 26.</i> | Y | N |
| 26. Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 15 days.</i>
<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?
<i>If the answer to this question is yes, approved for 15 days.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |
| 28. Does the patient have a diagnosis of insomnia in the last 365 days?
<i>If the answer to this question is yes, go to question 29.</i>
<i>If the answer to this question is no, go to question 34.</i> | Y | N |
| 29. Does the patient have a history of a sedative/hypnotic agent for 90 days in the last 120 days?
<i>If the answer to this question is yes, denied.</i>
<i>If the answer to this question is no, go to question 30.</i> | Y | N |
| 30. Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 31.</i>
<i>If the answer to this question is no, approved for 90 days.</i> | Y | N |
| 31. Has the patient failed a 14-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 90 days.</i>
<i>If the answer to this question is no, go to question 32.</i> | Y | N |
| 32. Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 90 days.</i>
<i>If the answer to this question is no, go to question 33.</i> | Y | N |
| 33. 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 90 days.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |
| 34. Does the patient have a history of a sedative/hypnotic agent for 30 days in the last 60 days?
<i>If the answer to this question is yes, denied.</i>
<i>If the answer to this question is no, go to question 35.</i> | Y | N |
| 35. Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 36.</i> | Y | N |

If the answer to this question is no, approved for 30 days.

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| 36. Has the patient failed a 14-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 30 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 30 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 30 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