



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Sedatives/Hypnotics – Flurazepam (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 – Flurazepam (Medicaid).

Table with 2 columns: Drug Name (select from list of drugs shown / provide drug information), FLURAZEPAM 15 MG CAPSULE, FLURAZEPAM 30 MG CAPSULE

Table with 1 column: Patient Information, Patient Name, Patient ID, Patient DOB

Table with 1 column: 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
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 flurazepam 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?<br><i>If the answer to this question is yes, approved for 365 days.<br/>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.<br/>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.<br/>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.<br/>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?<br><i>If the answer to this question is yes, approved for 1 day.<br/>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.<br/>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.<br/>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?<br><i>If the answer to this question is yes, go to question 15.<br/>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?<br><i>If the answer to this question is yes, denied..<br/>If the answer to this question is no, go to question 15.</i>  | Y | N |
| 15. | Is the patient less than 15 years of age?<br><i>If the answer to this question is yes, denied<br/>If the answer to this question is no, go to question 16.</i>  | Y | N |
| 16. | Is the patient between 15 years and 18 years of age?<br><i>If the answer to this question is yes, go to question 17.<br/>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?<br><i>If the answer to this question is yes, go to question 18.<br/>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?<br><i>If the answer to this question is yes, denied.<br/>If the answer to this question is no, go to question 19.</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.<br/>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?   | 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 21.*

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| 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 30 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 30 days.</i><br><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?<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 24.</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 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?<br><i>If the answer to this question is yes, approved for 15 days.</i><br><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?<br><i>If the answer to this question is yes, approved for 15 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 15 days.</i><br><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?<br><i>If the answer to this question is yes, go to question 29.</i><br><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?<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 this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 31.</i><br><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?<br><i>If the answer to this question is yes, approved for 90 days.</i><br><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?<br><i>If the answer to this question is yes, approved for 90 days.</i><br><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?<br><i>If the answer to this question is yes, approved for 90 days.</i><br><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?<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 35.</i>                           | Y | N |

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| 35. Is this request for a non-preferred drug?<br><i>If the answer to this question is yes, go to question 36.</i><br><i>If the answer to this question is no, approved for 30 days.</i>   | Y      N |
| 36. Has the patient failed a 14-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 37.</i> | Y      N |
| 37. 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 30 days.</i><br><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?<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 |

Comments:

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

\_\_\_\_\_  
Prescriber (or Authorized) Signature

\_\_\_\_\_  
Date