



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Opiate/Benzodiazepine/Muscle Relaxant Combinations (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 Opiate/Benzodiazepine/Muscle Relaxant Combinations (Medicaid).

Drug Name (select from list of drugs shown / provide drug information)

OPIATE/BENZODIAZEPINE/MUSCLE RELAXANT COMBINATIONS

Patient Information

Form with fields for Patient Name, Patient ID, and Patient DOB.

Prescribing Physician

Form with fields for Physician Name, Physician Phone, Physician Fax, Physician Address, and City, State, Zip.

Form with fields for Diagnosis, ICD Code, and 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 120 days.
If the answer to this question is no, go to question 2.
2. Does the patient have a 14 day overlap in the last 35 days with a drug or drugs from each drug class in one of the following combinations: A) opiates/benzodiazepines/muscle relaxants, B) opiates/benzodiazepines, C) muscle relaxants/benzodiazepines? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, approved for 120 days.

Comments:

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

Prescriber (or Authorized) Signature

Date