

### BENZODIAZEPINES PRIOR AUTHORIZATION FORM

Prior authorization guidelines are on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:		NPI:	State license #:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/State/Zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

### CLINICAL INFORMATION

Benzodiazepine requested:	Strength:	Dosage form (capsule, tablet, etc.):	
Directions:		Quantity:	Refills:
Diagnosis ( <i>submit documentation</i> ):		Dx code ( <i>required</i> ):	
If the requested benzodiazepine is non-preferred, did the beneficiary try and fail the preferred benzodiazepines approved or medically accepted for the treatment of their condition? Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for the list of preferred and non-preferred drugs.		<input type="checkbox"/> Yes – <i>Submit documentation.</i> <input type="checkbox"/> No	
Was a search of the Prescription Drug Monitoring Program (PDMP) completed by the prescribing office?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Benzodiazepines (preferred and non-preferred) require prior authorization in the scenarios listed below. Check all options that apply to the beneficiary and this request and SUBMIT DOCUMENTATION for each.**

- The beneficiary is **under 21 years of age** and:
  - Has a diagnosis of:  seizure disorder  chemo-induced nausea/vomiting  cerebral palsy  spastic disorder  dystonia  catatonia
  - Is receiving palliative care
  - Does not have one of the diagnoses listed above and is not receiving palliative care and:
    - Use of the requested benzodiazepine for a person <21 years of age is supported by national treatment guidelines or medical literature
    - The beneficiary has tried other treatments for their condition – list: \_\_\_\_\_
- The beneficiary is **taking 2 or more different benzodiazepines concurrently (therapeutic duplication)** and:
  - Concomitant use of the benzodiazepines is supported by national treatment guidelines or medical literature
  - Is being titrated to or tapered from one of the benzodiazepines
- The beneficiary **filled 2 or more prescriptions for any benzodiazepine** in the past 30 days and:
  - The prescriptions are for the same benzodiazepine, strength, and directions
    - Each prescription was filled for <30 days' supply
    - Other reason for filling >1 benzodiazepine prescription in the past 30 days – specify: \_\_\_\_\_
  - The prescriptions were prescribed by the same prescriber
  - The prescriptions were prescribed by different prescribers
    - All prescribers are aware of the other benzodiazepine prescriptions
  - The multiple prescriptions are consistent with medically accepted prescribing practices and standards of care
- The beneficiary has a **concurrent prescription for another controlled substance** and:
  - The prescriptions were prescribed by the same prescriber
  - The prescriptions were prescribed by different prescribers
    - All prescribers are aware of the other prescriptions
  - Has an acute need for the requested benzodiazepine – specify: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION**

Prescriber Signature:	Date:
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