

**Request for Prior Authorization
BENZODIAZEPINES**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Patients taking concurrent opioids:

Have the risks of using opioids and benzodiazepines concurrently been discussed with the patient? No Yes

Medical necessity for concurrent use: _____

Provide plan to taper the opioid or benzodiazepine or medical rationale why not appropriate: _____

Medical or contraindication reason to override trial requirements: _____

Reason for use of Non-Preferred drug requiring prior approval: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: *In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*