

BENZODIAZEPINE AND OPIOID CONCURRENT THERAPY PRIOR AUTHORIZATION REQUEST FORM

	PRIOR AUTHORIZAT	OIT ILEGOL	JI I OKIN		
Today's Date					
			ompleted form can be faxed to 866-930-0019.		
	ions must be completed	or the request	will be rejected**		
Patient's Medicaid #		Date of Bir	th /		
Patient's Name		Prescriber'	s Name		
Prescriber's IN License #		Specialty			
Prescriber's NPI #		Prescriber'	s Signature: **required below within attestation section**		
Return Fax # -		Return Pho	one #		
Check box if requesting retro-act	tive PA		Date(s) of service requested for retro-active eligibility (if applicable):		
Note: Submit PA requests for retroa	active claims (dates of serv	ice prior to elig	ibility determination, but within established		
		ays of submiss	ion separately from current PA requests (dates		
of service 30 calendar days or less	and going forward).				
PA is required for the following	1:				
		y with benzoo	liazepines and exceeding 7 days within a		
		y with benzoo	liazepines and exceeding 7 days within a		
Claim(s) for new opioid(s 180-day period	to be used concurrent				
 Claim(s) for new opioid(s 180-day period Claim(s) for new benzodi 	iazepine(s) to be used co	oncurrently w	ith opioids and exceeding 7 days of therapy		
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or therapies attempted for t	he above diagnosis(e	s):		
Drug Therapy	Dosag	e Regimen	Dates of Utilization	
you plan to continue benze		r this member? Yes	No	
no, please provide withdraw	aı pıan:			
ember diagnosis(es) for use	of opioid therapy:			
ior therapies attempted for t	he above diagnosis(e	es):	Doggen for Discontinuation	
Drug Therapy	Dosage Regimen	Dates of Utilization	Reason for Discontinuation	
you plan to continue opioid	therapy for this mem	⊔ nber? □ Yes □ No		
no, please provide withdraw	al plan:			
estation:				
(Prescriber Na		, hereby attest to the	_	
		valuated and continues t by of the INSPECT report	o be evaluated on a regular bas t to this PA request)	
	nember in regards to t	the risks of concurrent uti	ilization of benzodiazepine and	
	<u>-</u>		ent therapy and all prescribers	
opioid therapy, and th		and benzodiazepine the	rapy for this member	
 opioid therapy, and the If applicable, I have continuously involved agree to purs 	-		benzodiazenine and onioid	
 opioid therapy, and th If applicable, I have continuously involved agree to purs I acknowledge, as the 	prescriber initiating o		on, coma, and death, associated	

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