



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Benzodiazepines Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
Clinical Information (required)					
<u>Answer ALL questions on this page for ALL requests</u>					
What is the patient's diagnosis for the medication being requested? _____ _____					
ICD-10 Code(s): _____					
What medication(s) has the patient tried and had an inadequate response to? (Please specify ALL medication(s)/strengths tried, length of trial, and reason for discontinuation of each medication) 					
What medication(s) does the patient have a contraindication or intolerance to? (Please specify ALL medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication) 					
Quantity limit requests: What is the quantity requested per DAY? _____ What is the reason for exceeding the plan limitations? <input type="checkbox"/> Titration or loading-dose purposes <input type="checkbox"/> Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime) <input type="checkbox"/> Requested strength/dose is not commercially available <input type="checkbox"/> There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. Please specify: _____ <input type="checkbox"/> Other: _____					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Benzodiazepines_CMS_2020Jun



Benzodiazepines Prior Authorization Request Form (Page 2 of 2)

Concurrent use of Benzodiazepines plus Opioids

*At the time of dispensing, your patient was identified as utilizing an opioid AND a benzodiazepine, prompting a safety review. This review is to ensure the opioid utilization is safe and appropriate for your patient. **Your patient is taking both an opioid and a benzodiazepine.***

Cancer Pain/End of life care (palliative care):

Is the requested medication being prescribed for pain associated with active cancer? Yes No

Is there confirmation the requested medication is being used for palliative care or end of life care? Yes No

Is the patient currently enrolled in hospice? Yes No

Does the provider confirm that the benzodiazepine is NOT used to manage symptoms associated with the patient's terminal condition or condition(s) related to the terminal illness? Yes No

Is the prescriber affiliated with the hospice provider? Yes No

If the prescriber is NOT affiliated with the hospice provider, does the prescriber attest coordination with the hospice provider confirming that the medication is unrelated to the terminal illness or related conditions? Yes No

Long Term Care facility:

Is the patient in a long-term care facility (e.g., hospital or skilled nursing facility where patient is receiving skilled nursing care)? Yes No

Provider attestation:

Does the provider attest that in his/her clinical judgment, the requested concurrent use of opioid plus benzodiazepine, is safe and medically necessary? Yes No

Does the provider attest that either the benzodiazepine or opioid drug interacting with each other will be discontinued? Yes No

Please note:

This request may be denied unless all required information is received within established Medicare timelines.

If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-844-403-1028.