



# Prior Authorization Request Form for High Cumulative-Dose Benzodiazepines

Please fax all Prior Authorization requests for medications to the Magellan Pharmacy Helpdesk at **866-498-0628**  
 Only one medication request per form • All fields must be complete and legible for review  
*If the request is urgent, please call 800-790-1631.*

All requests for reconsideration, regardless of reason, should be faxed to **866-498-0628** clearly marked "Reconsideration Request"

<b>PRACTITIONER</b>		<b>RECIPIENT</b>	
	PRACTITIONER NPI		RECIPIENT ID NUMBER (CIS OR AHCCCS ID)
	PRACTITIONER NAME		RECIPIENT NAME
	PRACTITIONER SPECIALTY		RECIPIENT DATE OF BIRTH (MM/DD/YYYY)
	CLINIC NAME		FEMALE MALE
	OFFICE PHONE		RECIPIENT SEX (CIRCLE)      HEIGHT      WEIGHT
OFFICE FAX	RECIPIENT PHONE		
CONTACT NAME	RECIPIENT DIAGNOSIS (AXIS I – III)		
	RECIPIENT DRUG ALLERGIES		

Please indicate ALL of the benzodiazepines requested for the patient:

<b>REQUEST</b>	<b>BENZODIAZEPINE 1 NAME</b>	STRENGTH	FORM (TABLET, ODT, SOL)	FREQUENCY
	DATE THERAPY INITIATED (MM/DD/YYYY)	EXPECTED LENGTH OF THERAPY	QUANTITY PER FREQUENCY	
	<b>BENZODIAZEPINE 2 NAME</b>	STRENGTH	FORM (TABLET, ODT, SOL)	FREQUENCY
	DATE THERAPY INITIATED (MM/DD/YYYY)	EXPECTED LENGTH OF THERAPY	QUANTITY PER FREQUENCY	
	<b>BENZODIAZEPINE 3 NAME</b>	STRENGTH	FORM (TABLET, ODT, SOL)	FREQUENCY
	DATE THERAPY INITIATED (MM/DD/YYYY)	EXPECTED LENGTH OF THERAPY	QUANTITY PER FREQUENCY	

CALCULATION OF DIAZEPAM EQUIVALENT DAILY DOSE (DEDD)			
Generic	Brand	Diazepam Equivalent Dose	Diazepam Dose Multiplier
Alprazolam	XANAX	1	10
Chlordiazepoxide	LIBRIUM	25	0.4
Clonazepam	KLONOPIN	1	10
Clorazepate	TRANXENE	15	0.67
Diazepam	VALIUM	10	1
Flurazepam*	DALMANE*	30	0.33
Lorazepam	ATIVAN	1	10
Oxazepam	SERAX	20	0.5
Temazepam	RESTORIL	20	0.5
Triazolam*	HALCION*	0.25	40

\* Indicates a Non-Formulary drug

RECIPIENT NAME

RECIPIENT ID NUMBER

- Cumulative diazepam equivalent daily dose (DEDD) will be calculated for all recipients taking one or more benzodiazepine. DEDD is calculated as the total cumulative daily dose of each benzodiazepine, multiplied by the diazepam dose multiplier, and summed across all benzodiazepines.
- Recipients taking benzodiazepines with a cumulative DEDD of 80 mg or less do not require prior approval. Quantity/dose limits on individual benzodiazepines still apply.

**CRITERIA FOR RECIPIENTS WITH CUMULATIVE DEDD ABOVE 80 MG/DAY**

- Yes  No Recipient has attempted monotherapy with a benzodiazepine at maximum dose limits
- Yes  No Recipient has a documented tolerance to lower doses and is not a candidate for a dose reduction at this time
- Yes  No Recipient has failed other formulary non-benzodiazepine alternatives
- Yes  No Other CNS depressants have been minimized to avoid additive depressant effects
- Yes  No Practitioner certifies that s/he has been approved by the State of Arizona to access information in the controlled substance prescription monitoring program (CSPMP) database
- Yes  No Practitioner has accessed the CSPMP prior to submitting this request
- Yes  No Practitioner attests that abuse, misuse, and diversion are not a factor for this recipient
- Yes  No Practitioner agrees to monitor the CSPMP at least monthly for this recipient
- Yes  No Practitioner agrees to coordinate care for this recipient with other practitioners prescribing controlled substances

**DOCUMENT OTHER RATIONALE FOR TREATMENT**


PRACTITIONER SIGNATURE

DATE

*By signing this form, the practitioner is attesting that documentation supporting the above information is recorded in the Patient's Medical Chart.*

*Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (Via return FAX) immediately and arrange for the return or destruction of these documents*