

BENZODIAZEPINES PRIOR AUTHORIZATION FORM (form effective 01/03/2022)

Prior authorization guidelines are available on Geisinger Health Plan's website at
<https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<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 (submit documentation):		DX code (required):	
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 https://papdl.com/preferred-drug-list for the list of preferred and non-preferred drugs.		<input type="checkbox"/> Yes – Submit documentation. <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: _____

GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855-552-6028 PA Relay 711 GeisingerHealthPlan.com



Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:

Date:

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.