Jefferson Health Plans

MEDICAID / CHIP

PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Anxiolytics

Phone: 866-841-7659 **Fax back to: 866-240-3712**

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:	Prescriber Name:	
Member ID Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Phone Number:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	

Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a request for a preferred benzodiazepine anxiolytic?

☐ Yes ☐ No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred anxiolytics?

☐ Yes ☐ No

Q3. Is this a request for a benzodiazepine?

☐ Yes ☐ No

Q4. Is the patient less than 21 years of age?

☐ Yes ☐ No

Q5. Does the patient have ANY of the following diagnoses: A) seizure disorder, B) chemotherapy-induced nausea and vomiting, C) cerebral palsy, D) spastic disorder, E) dystonia, F) Catatonia?

☐ Yes ☐ No

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Q6. Does the patient have symptoms of severe acute anxiety with chart documented evidence of comprehensive evaluation and prescribed requested drug by or in consult with a psychiatrist?

☐ Yes ☐ No

Q7. Is the patient receiving palliative care?

☐ Yes ☐ No

Q8. Does the patient have a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder?

☐ Yes ☐ No

Q9. Are the prescriptions for the buprenorphine agent and the benzodiazepine written by the same prescriber?

☐ Yes ☐ No

Q10. Are the prescribers of the oral buprenorphine agent and the benzodiazepine aware of the other prescriptions?

☐ Yes ☐ No

Q11. Does the patient have an acute need for therapy with a benzodiazepine?

☐ Yes ☐ No

Q12. Is this a request for a benzodiazepine when the patient has a recent claim for a benzodiazepine (i.e., potential therapeutic duplication)?

☐ Yes ☐ No

Q13. Is the patient being titrated to, or tapered from, a drug in the same class?

☐ Yes ☐ No

Q14. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?

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☐ Yes ☐ No

Q15. Does the patient have a record of 2 or more paid claims for any benzodiazepine in the past 30 days?

☐ Yes ☐ No

Q16. Are the multiple benzodiazepine prescriptions consistent with medically accepted prescribing practices and standards of care, including support from peer-reviewed literature or national treatment guidelines?

☐ Yes ☐ No

Q17. Are all of the prescriptions written by the same prescriber?

☐ Yes ☐ No

Q18. Are all of the prescribers aware of the other prescription(s)?

☐ Yes ☐ No

Q19. Additional Information:

_____ _____

Prescriber Signature Date

v2026-06