



**Request for Prior Authorization  
Initial Days' Supply Limit Override**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**Medical Necessity Documentation for Override of Initial Days' Supply:** \_\_\_\_\_

\_\_\_\_\_

**Requests for Benzodiazepines:**

Has patient been informed of the risks of using an opioid and benzodiazepine concurrently?  Yes  No

Document medical necessity of concurrent opioid and benzodiazepine use: \_\_\_\_\_

\_\_\_\_\_

Provide plan to taper the opioid, if appropriate: \_\_\_\_\_

\_\_\_\_\_

Prescriber signature (Must match prescriber listed above.)	Date of submission
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**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.