



10181 Scripps Gateway Court
San Diego, CA 92131

Phone: (800) 788-2949
Fax: (858) 790-7100

HRM Non-Benzodiazepines Part D Coverage Determination Request Form

This form **can** be used to request:

- High Risk Non-Benzodiazepines (e.g. Ambien, Sonata, Lunesta)

Patient Information			Prescriber Information		
Patient Name:			Prescriber Name:		
Member ID#			DEA#	NPI#	
Address:			Address:		
City:	State		City:	State:	
Home Phone:	Zip:		Office Phone:	Office Fax:	Zip:
Sex (circle):	M	F	DOB:		Contact Person:

Diagnosis and Medical Information					
Medication:		Directions for use: (Frequency & Strength):			
<input type="checkbox"/> New Prescription OR Date Therapy Initiated:		Expected Length of Therapy: Route of Administration:		Qty: Qty per month:	
Height/Weight:		Drug Allergies:	Diagnosis:		
Prescriber's Signature:		MD Specialty		Date:	

Rationale for Exception Request or Prior Authorization FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION

Documentation of Medical Necessity:

1. Is the requested medication going to be used for an FDA approved indication? Yes No
2. Does the prescriber acknowledge or is aware that The American Geriatrics Society (AGS) considers the requested medication to be of high risk for patients 65 years old or older?
 Yes No
3. Is the patient enrolled in hospice? Yes No
4. Is the request for the treatment of Insomnia? Yes No
5. Does the patient meet the following criteria?
 The patient has tried and/or failed Silenor **AND** Belsomra
6. Please indicate other medications tried and/or failed (be specific, give detail): _____

Other information pertinent to this request: _____

Request for Expedited Review

REQUEST FOR EXPEDITED REVIEW [24 HOURS]

- BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Information on this form is protected Health Information and subject to all privacy and security regulations under HIPAA.