



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Sedative Hypnotics

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: <input type="checkbox"/> Medicaid <input type="checkbox"/> 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 sedative hypnotic that is a controlled substance?

Yes

No

Q2. Is this a request for a sedative hypnotic that is a benzodiazepine?

Yes

No

Q3. Is this the patient less than 21 years of age?

Yes

No

Q4. Does the patient have a diagnosis of ONE of the following: A) seizure disorder, B) chemotherapy-induced nausea and vomiting, C) cerebral palsy, D) spastic disorder, E) dystonia, F) Catatonia?

Yes

No

Q5. Is the patient receiving palliative care?

Yes

No

Q6. Is this a request for a renewal of authorization?

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<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q7. Does the patient have documentation of tolerability and a positive clinical response to the requested drug?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. Does the patient have a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q9. Are the requested sedative hypnotic controlled substance and the buprenorphine agent prescribed by the same prescriber?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. Are the prescribers of the sedative hypnotic controlled substance and the buprenorphine agent aware of the other prescription(s)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11. Does the patient have an acute need for therapy with the sedative hypnotic controlled substance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12. Is this a request for a benzodiazepine when the patient has a recent claim for a benzodiazepine (i.e., potential therapeutic duplication)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q13. Is the patient being titrated to, or tapered from, another benzodiazepine?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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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<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q15. Is this a request for a non-benzodiazepine sedative hypnotic when the patient has a recent claim for a non-benzodiazepine sedative hypnotic (i.e., potential therapeutic duplication)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q16. Is the patient being titrated to, or tapered from, another non-benzodiazepine sedative hypnotic?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q17. Has the prescriber provided supporting peer reviewed literature or national treatment guidelines to corroborate concomitant use of the medications being requested?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q18. Does the patient have a record of 2 or more paid claims for any benzodiazepine in the past 30 days?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q19. 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?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q20. Are all of the prescriptions written by the same prescriber?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q21. Are all of the prescribers aware of the other prescription(s)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Q22. Does the patient have a diagnosis of non-24 hour sleep-wake disorder?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<p>Q23. Does the patient have a history of therapeutic failure of a 6-month trial of melatonin?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Q24. Does the patient have a contraindication or intolerance to melatonin?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Q25. Is this a request for a preferred sedative hypnotic drug?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Q26. Is the requested drug being prescribed for the treatment of a diagnosis that is indicated in the FDA-approved package labeling OR a medically accepted diagnosis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Q27. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred sedative hypnotic drugs that are approved or medically accepted for the patient's diagnosis or indication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Q28. Is this a request for a controlled-release sedative hypnotic?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Q29. Does the patient have a history of therapeutic failure of the same regular-release sedative hypnotic drug?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Q30. Additional Information:</p>

Prescriber Signature	Date
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