



2024 MEDICARE PRIOR AUTHORIZATION REQUEST FORM

High Risk-Non-Benzo Sedative Hypnotics - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

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.

Form with fields: Patient Name, Prescriber Name, Member Number, Date of Birth, Line of Business, Address, City, State ZIP, Primary Phone, Fax, Phone, Office Contact, NPI, State Lic ID, Specialty/facility name (if applicable).

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Form with fields: Drug Name, Strength, Directions / SIG.

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 the patient 65 years of age or older?
Q2. Is this High Risk Medication being used for a medically accepted indication?
Q3. What is the patient's diagnosis?
Q4. Has a risk-versus-benefit assessment been completed for the High Risk Medication?
Q5. Has the patient been counseled on the potential side effects and risks of the requested High Risk Medication?
Q6. Does the benefit outweigh the potential risk?



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Patient Name:	Prescriber Name:
Q7. Has the patient had an inadequate response or inability to tolerate two (2) safer formulary alternatives, such as temazepam, ramelteon, or doxepin (generic Silenor)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Requested Duration:	
<input type="checkbox"/> 12 months	<input type="checkbox"/> Other
Q9. Additional Information:	

Prescriber Signature

Date

2024 Medicare Prior Authorization Request