PA Request Criteria

## CAREFIRST VA RISK VF Insomnia Agents Post Limit

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 855-582-2038 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Insomnia Agents Post Limit.

Patient Information					
Patient Name:					
Patient Phone:					
Patient ID:					
Patient Group No:					
Patient DOB:					
Prescribing Physician					
Physician Name:					
Physician Phone:					
Physician Fax:					
Physician Address:					
City, State, Zip:					
Drug Name (specify drug)					
Quantity:	Frequency: Strength:	: _			
Quantity: Route of Admin	Frequency: Strength: stration: Strength:	: _			
Quantity:	Frequency: Strength:	: _			
Quantity: Route of Admin	Frequency: Strength: stration: Strength:	: <u> </u>			
Quantity: Route of Admin Diagnosis: Comments:	Frequency: Strength: stration: Strength: ICD Code:	: _			
Quantity:	Frequency: Strength: stration: Strength:	Υ		N	
Quantity: Route of Admin Diagnosis: Comments: Please check th 1. Is this requ D) Halcion	Frequency: Strength:  stration: Expected Length of Therapy: ICD Code:  e appropriate answer for each applicable question.  est for one of the following: A) flurazepam, B) Doral (quazepam), C) estazolam,			N N	
Quantity:	Frequency: Strength:  Stration: Expected Length of Therapy: ICD Code:  e appropriate answer for each applicable question.  est for one of the following: A) flurazepam, B) Doral (quazepam), C) estazolam, (triazolam), E) Restoril (temazepam)?	Y			
Quantity: Route of Admin Diagnosis: Comments: Please check th 1.	Frequency: Strength: stration: Expected Length of Therapy: ICD Code:  e appropriate answer for each applicable question. est for one of the following: A) flurazepam, B) Doral (quazepam), C) estazolam, (triazolam), E) Restoril (temazepam)? being prescribed for insomnia?  tial causes of sleep disturbances been addressed or are currently being (e.g., inappropriate sleep hygiene and sleep environment issues or treatable	Y		N	
Quantity:  Route of Admin Diagnosis:  Comments:  Please check th  1. Is this requ D) Halcion  2. Is the drug  3. Have poter addressed medical/ps: 4. Is the reque	Frequency: Strength: stration: Expected Length of Therapy: ICD Code:  e appropriate answer for each applicable question. est for one of the following: A) flurazepam, B) Doral (quazepam), C) estazolam, (triazolam), E) Restoril (temazepam)? being prescribed for insomnia?  tial causes of sleep disturbances been addressed or are currently being (e.g., inappropriate sleep hygiene and sleep environment issues or treatable vichological causes of chronic insomnia)?	Y Y Y		N N	

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.