PriorityHealth

Priority Health Medicare quantity limit exception form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☐ **Medicare Part B** ☒ **Medicare Part D**

This request is: ☐ **Expedited request** ☐ **Standard request**

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Zaleplon

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Drug information

☐ New request ☐ Continuation request

Drug product: ☐ Zaleplon 5 mg tablet

☐ Zaleplon 10 mg tablet

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Prior authorization criteria

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Must be used for a medically accepted indication* not otherwise excluded from coverage under Medicare Part D.
2. If patient is age 65 or older AND the request is for long-term insomnia (requiring more than 90 tablets per 365 days):
    1. Must have tried and failed Rozerem AND
    2. Must have tried and failed either trazodone or temazepam

Additional Information

The American Geriatric Society (AGS) classifies zaleplon as a high risk medication when used in persons age 65 and older at doses exceeding 90 days each year. AGS recommends limiting the use of zaleplon in the elderly to treatment of not more than 90 days a year. Priority Health offers several alternative agents on our Drug List which are not considered high risk when used for more than 90 days. These alternatives include, but are not limited to, trazodone, temazepam, and Rozerem.

All fields must be complete and legible for review. Your office will receive a response via fax.

New 12/2018
Last reviewed 01/2019

Medically accepted indication*

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — *or* — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

☐ Insomnia
☐ *Other*; *the patient's condition is:* _____

B. Is the patient age 65 or older AND needs more than 90 tablets every 365 days (e.g., long-term insomnia)?

☐ Yes ☐ No

1) If yes, has the patient tried Rozerem?

☐ Yes ☐ No; **Provide rationale**: _____

2) Additionally, has the patient tried one of the following?

☐ Trazodone
☐ Temazepam
☐ None; **Provide rationale:** _____

C. Is the patient less than 65 years old AND needs more than 90 tablets every 365 days?

☐ Yes ☐ No

1) If yes, would the restriction of 90 tablets each year likely be ineffective to treat the patient's condition?

☐ Yes ☐ No. **Please explain:** _____

2) If yes, would the restriction of 90 tablets each year likely cause the patient to become noncompliant?

☐ Yes ☐ No. **Please explain:** _____

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? ☐ Yes ☐ No
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would zaleplon likely be the most effective option for this patient?
☐ Yes ☐ No
If yes, please explain why: _____

If the patient is currently using zaleplon, would changing the patient's current regimen likely result in adverse effects for the patient?
☐ Yes ☐ No
If yes, please explain: _____

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New 12/2018
Last reviewed 01/2019