

**INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT
HETLIOZ PRIOR AUTHORIZATION (PA) REQUEST FORM**



CareSource Pharmacy Prior Authorization Form
P.O. Box 8738
Dayton, OH 45401-8738
Fax: 866-930-0019



Today's Date

/ /

Non-Urgent ☐

Urgent ☐

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Member's CareSource ID	Member's Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member's Name	Prescriber's Name
Prescriber's Indiana License Number	Specialty
Prescriber's National Provider Identifier	Office Contact
Prescriber Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Prescriber Phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Prescriber Address	Date(s) of Service
	Start Date

PA Requirements for Hetlioz:

Diagnosis Code: _____

Please provide the member's diagnosis:

- ☐ Non-24-hour sleep-wake disorder
- ☐ Nighttime sleep disturbances in patients with Smith-Magenis syndrome
- ☐ Other: _____

Member weight: _____ (specify lbs or kg)

Requested dosage form and daily dose:

- ☐ Capsules; Daily Dose: _____
- ☐ Suspension; Daily Dose: _____

If the request is for the suspension, do any of the following apply?

- ☐ Member is under 18 years of age
- ☐ Member is unable to swallow capsule formulation
- ☐ Other justification for use over capsules: _____

I attest that the provided information above is accurate:

Physician Signature: _____

Date: _____

CONFIDENTIAL INFORMATION

This facsimile and any attached document are confidential and are intended for the use of individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately at **1-844-607-2831**.