WellCare Health Plans

Medicare Part D Coverage Determination Request Form for Temazepam

Instructions: Please complete ALL FIELDS and fax this form to WellCare's Pharmacy Department at **1-866-388-1767**. Formulary and utilization management criteria may be reviewed at **www.wellcare.com/medicare.**

Who is making this request? Provider ☐

Appointed Representatives: Please include a signed Appointment of Representative form (CMS-1696) or equivalent notice.

☐ **REQUEST FOR EXPEDITED REVIEW (24 HOURS)**

By checking the expedited box, the requestor certifies that applying the 72-hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

***REQUIRED FIELDS – ONE medication per form**

*Member Name:		*Date of Request**:**	
*WellCare ID #:	*Date of Birth:	*Physician FULL Name/Specialty:	
*Member's Telephone Number:		*Physician Signature:	
*Diagnosis of Requested Medication:		*Contact Name at MD Office:	*Physician NPI:
*Medication, Strength, and Route of Administration:		*Physician Phone #:	*Physician Fax #:
		Pharmacy Name:	Pharmacy Phone #:
*Frequency:	*Quantity:	*Duration of Therapy:	*Drug Allergies:

Temazepam requires prior authorization for requests greater than a cumulative 90 days of therapy per year.
PLEASE COMPLETE THIS SECTION IF THE PATIENT IS 65 OR OLDER:

1) Has the patient tried a non-high risk medication (HRM) alternative formulary drug (Silenor 3mg or 6mg, Rozerem, or trazodone)?
   YES NO
   If yes, please indicate which formulary drug tried: _____

2) Does the patient have a contraindication, intolerance, or an inadequate response to a non-HRM alternative formulary drug (Silenor 3mg or 6mg, Rozerem, trazodone)?
   YES NO

3) Does the benefit of therapy with this prescribed medication outweigh the potential risk in the patient 65 years of age or older?
   YES NO

4) Is the request for more than once a day dosing? YES NO
   If yes, we require a statement that the drug is medically necessary to treat the enrollee's condition because the restricted dosage might be ineffective or affect patient compliance.

Supporting statement:

