MedStar Medicare Choice
Pharmacy Services
Phone: 855-266-0712
Fax: 855-862-6517

ZOLPIDEM AND ZALEPLON
Step Therapy Review

Please note: Quantity limit of 30 tablets per 30 days also applies to these medications

□ Standard Request (72 hours) □ Expedited Request (24 hours)	If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested: □ Zolpidem □ Zaleplon	Strength: □ 5 mg □ 10 mg	Directions:
Quantity Dispensed:	Day Supply:	□ Generic □ Brand Necessary

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

□ New medication □ Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

Clinical Information

Diagnosis:	Date Diagnosed:

History of Medications Used to Treat Above Condition

□ No other medications have been used to treat this condition

Note: Zolpidem and zaleplon require a trial and failure of trazodone, Rozerem, or Silenor.

Medication	Strength	Directions	Dates of Therapy		Reason for Discontinuing
			Start	End	
Trazodone					
Rozerem					
Silenor					
Other:					
Other:					
Other:					

Please provide any additional information which should be considered in the space below: