

OPTIMA HEALTH PLAN

Pharmacy Step-Edit/Prior Authorization Request Form*

Directions: *The prescribing physician must sign and clearly print name. (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.*

Drug Name: Ambien CR (zolpidem SR), Sonata (zaleplon), Lunesta (eszopiclone), Rozerem (ramelteon)

Drug Requested (pick one):

- Ambien CR®
- Sonata®
- Lunesta®
- Rozerem®

- Rozerem is a selective agonist of melatonin receptors MT₁ and MT₂ (with little affinity for MT₃) within the suprachiasmatic nucleus of the hypothalamus.
- The other agents are thought to work through their action on one of the subtypes of the GABA-benzodiazepine receptors.
- All of these agents have been found to be safe and effective in the treatment of insomnia. They differ primarily in their duration of action.
- These medications are mainly intended for short-term use or intermitted use.

Please complete below:

(ALL lines must be checked to qualify)

- Patient has tried and failed temazepam or triazolam

AND

- Patient has tried and failed zolpidem (generic Ambien)

Patient Name _____

Member Number _____

Physician Signature _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____

*Approved by Pharmacy and Therapeutics Committee 2/9/2009