Request for Prior Authorization — Hetlioz

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to Prior Authorization of Benefits Center at
844-864-7860 (retail) or **888-209-7838** (medical injectable)
Provider Help Desk: **866-408-6132** (Hoosier Healthwise)
844-533-1995 (Healthy Indiana Plan)
844-284-1798 (Hoosier Care Connect)
833-569-4739 (Indiana PathWays for Aging)

Today's date

Month	Day	Year

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

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

Patient's Medicaid #:	Date of birth:
Patient name:	Prescriber's name:
Prescriber's IN license #:	Specialty:
Prescriber's NPI #:	Prescriber's signature:
Return fax #:	Return phone #:
Mark box if requesting retroactive PA: ☐	Date(s) of service requested for retroactive eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

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PA requirements for Hetlioz

Please provide the member's diagnosis:

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

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: _____