



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.
P.O. Box 98031 • Baton Rouge, Louisiana • 70898-9031



**CONFIDENTIAL
PATIENT INFORMATION**

**DRUG AUTHORIZATION FORM
Sedative/Hypnotic Agents**

Phone: 800-842-2015 Fax: 877-837-5922

PATIENT DATA	Last Name	First Name	Policy Number	Date of Birth	Age
REQUESTING PHYSICIAN DATA	Last Name	First Name	Contact Name	Fax Number ()	
BCBSLA Provider Number		Area of Practice/Specialty		Phone Number ()	
REQUESTED DRUG					
<input type="checkbox"/> Ambien® <input type="checkbox"/> Ambien CR® <input type="checkbox"/> Edluar®		<input type="checkbox"/> Lunesta® <input type="checkbox"/> Rozerem® <input type="checkbox"/> Sonata® <input type="checkbox"/> Other _____			
PAST TREATMENT HISTORY (Check ALL that apply)					
<input type="checkbox"/> zaleplon <input type="checkbox"/> zolpidem IR <input type="checkbox"/> other _____					
OTHER CLINICAL INFORMATION (Check ALL that apply)					
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a documented history of addiction to controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient ≥ 65 years of age?					
PHYSICIAN SIGNATURE			DATE		
Prescribing Physician _____			_____		
<p>Note: On behalf of Blue Cross and Blue Shield of Louisiana, prior authorizations are administered by Express Scripts, Inc., an independent pharmacy benefit management company. Please note that the authorization is not a guarantee of payment. Payment is subject to the member's eligibility, benefits, and pre-existing condition limitations at the time the services are provided. The submitting provider certifies that the information contained herein is true, accurate, and complete and the requested services are medically necessary to the health of the patient.</p>					

Incomplete forms will not be processed