

FORWARDHEALTH
PRIOR AUTHORIZATION DRUG ATTACHMENT FOR PROVIGIL® AND NUVIGIL®

Instructions: Print or type clearly. Refer to the Prior Authorization Drug Attachment for Provigil® and Nuvigil® Completion Instructions, F-00079A, for more information.

Nuvigil® is not covered for members enrolled in the BadgerCare Plus Core Plan for Adults with No Dependent Children.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth

SECTION II — PRESCRIPTION INFORMATION

4. Provigil® Drug Strength (Check One)*

100 mg 200 mg

5. Nuvigil® Drug Strength (Check One)*

50 mg 150 mg 250 mg

6. Date Prescription Written

7. Refills

8. Directions for Use

9. Name — Prescriber

10. Prescriber National Provider Identifier

11. Address — Prescriber (Street, City, State, ZIP+4 Code)

12. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION (Providers are required to complete Section III and either Section III A, III B, III C, or III D before signing this form.)

13. Diagnosis Code and Description

14. Is the member at least 16 years old?

Yes No

15. Is the member taking any other stimulants?

Yes No

16. For requests for Nuvigil®: Has the member tried and failed or had a significant adverse drug reaction to Provigil®?

Yes No

If yes, provide the dose of Provigil® tried, the dates it was taken, and the reason(s) for discontinuation in the space provided.

SECTION III A — CLINICAL INFORMATION FOR NARCOLEPSY

17. Does the member have a diagnosis of Narcolepsy?

Yes No

18. Has the member had a Polysomnogram (PSG)?

Yes No

19. Has the member had a Multiple Sleep Latency Test (MSLT)?

Yes No

The results from the PSG and MSLT **must** be submitted with this PA request for consideration.

Continued



DT-PA082-082

SECTION III B — CLINICAL INFORMATION FOR OBSTRUCTIVE SLEEP APNEA / HYPOPNEA SYNDROME

20. Does the member have a diagnosis of Obstructive Sleep Apnea / Hypopnea Syndrome (OSAHS)? Yes No
21. Has the member had a Polysomnogram (PSG)? Yes No
22. What is the member's Apnea-Hypopnea Index (AHI)? _____ Events / Hour
23. Has the member tried Continuous Positive Airway Pressure (CPAP)? Yes No

The results from the PSG **must** be submitted with this PA request for consideration.

SECTION III C — CLINICAL INFORMATION FOR SHIFT WORK SLEEP DISORDER

24. Does the member have a diagnosis of shift work sleep disorder? Yes No
25. Is the member a night-shift worker? Yes No
26. Is the member taking any hypnotics, sleep aids, or other medications that can cause sleepiness? Yes No
27. State the member's employer and weekly work schedule.

SECTION III D — CLINICAL INFORMATION FOR ATTENTION DEFICIT DISORDER (Provigil® Only)

28. Does the member have a diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? Yes No
29. Does the member have a medical history of substance abuse or misuse? Yes No

If yes, explain in the space provided.

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30. Does the member have a serious risk of diversion? Yes No

If yes, explain in the space provided.

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31. For members enrolled in the BadgerCare Plus Standard Plan, Medicaid, and SeniorCare: Has the member experienced treatment failures or clinically significant adverse drug reactions with two or more preferred stimulants? Yes No

If yes, list the stimulants tried, dates taken, and the reasons for discontinuation.

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32. For members enrolled in the Core Plan: Has the member experienced treatment failures or clinically significant adverse drug reactions with two or more generic stimulants? Yes No

If yes, list the stimulants tried, dates taken, and the reasons for discontinuation.

SECTION IV — AUTHORIZED SIGNATURE

33. SIGNATURE — Prescriber

34. Date Signed

SECTION V — ADDITIONAL INFORMATION

35. Additional diagnostic and clinical information explaining the need for the drug requested may be included below.

* Providers should check only *one* drug and one strength.