INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT
NARCOLEPSY AGENTS PRIOR AUTHORIZATION REQUEST FORM

MDwise
Fax to: (858) 790-7100
c/o MedImpact Healthcare Systems, Inc.
Attn: Prior Authorization Department
10181 Scripps Gateway Court, San Diego, CA 92131
Phone: (800) 788-2949

MDwise
A McLaren Company

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

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's Name	Prescriber's Name
Prescriber's IN License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Prescriber's Signature
Return Fax # ☐☐☐ - ☐☐☐ - ☐☐☐☐	Return Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
Check box if requesting retro-active PA ☐	Date(s) of service requested for retro-active 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).

Requested Medication	Quantity	Dosing

PA Requirements for Nuvigil (armodafinil):

Is the member 18 years of age or older? ☐ Yes ☐ No

Please provide the member's diagnosis and diagnosis-related information:

☐ Narcolepsy

☐ Excessive daytime sleepiness

☐ Obstructive sleep apnea with residual excessive daytime sleepiness

- Is the member receiving appropriate medical treatment for obstructive sleep apnea (e.g., PAP, OPT, etc.)? ☐ Yes (Documentation required) ☐ No

☐ Shift work sleep disorder

☐ Bipolar depression

- Document any other medications being utilized for bipolar depression: _____

_____

☐ Other: _____

PA Requirements for Provigil (modafinil):

Is the member 6 years of age or older? ☐ Yes ☐ No

Please provide the member's diagnosis and diagnosis-related information:

☐ Narcolepsy

☐ Excessive daytime sleepiness

☐ Obstructive sleep apnea with residual excessive daytime sleepiness

- Is the member receiving appropriate medical treatment for obstructive sleep apnea (e.g., PAP, OPT, etc.)? ☐ Yes (Documentation required) ☐ No

☐ Shift work sleep disorder

☐ Attention Deficit Hyperactivity Disorder

☐ Unipolar or bipolar depression

☐ Depression-related fatigue

☐ Sleep deprivation

☐ Steinert Myotonic Dystrophy Syndrome

☐ Other: _____

PA Requirements for Sunosi (solriamfetrol):

Is the member 18 years of age or older? ☐ Yes ☐ No

Please provide the member's diagnosis and diagnosis-related information:

☐ Narcolepsy

☐ Obstructive sleep apnea with residual excessive daytime sleepiness

- Has the member had a previous trial and failure with any of the following in the past year:
  - ☐ Modafinil Dates of use: _____
  - ☐ Armodafinil Dates of use: _____

If **no,** please document any other medical justification for use: _____

_____

☐ Other: _____

PA Requirements for Wakix (pitolisant):

Is the member 18 years of age or older? ☐ Yes ☐ No

Please provide the member's diagnosis and diagnosis-related information:

☐ Narcolepsy

☐ Other: _____

PA Requirements for Xyrem (sodium oxybate):

Is the member 7 years of age or older? ☐ Yes ☐ No

Please provide the member's diagnosis and diagnosis-related information:

☐ Narcolepsy with cataplexy and/or excessive daytime sleepiness

☐ Fibromyalgia

- Has the member had a previous trial and failure with ALL of the following:

☐ Amlodipine Dates of use: _____

☐ SSRIs Medication and dates of use: _____

☐ SNRIs Medication and dates of use: _____

☐ Anticonvulsants (gabapentin, pregabalin) Medication and dates of use: _____

☐ NSAIDs and acetaminophen Dates of use: _____

If **no,** please document any other medical justification for use as to why not all of the above agents were trialed:

_____

☐ Other: _____

PA Requirements for Xywav (calcium/magnesium/potassium/sodium oxybates solution):

Is the member 7 years of age or older? ☐ Yes ☐ No

Please provide the member's diagnosis and diagnosis-related information:

☐ Narcolepsy with cataplexy and/or excessive daytime sleepiness

☐ Other: _____