

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

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; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Narcolepsy Medications

Drug Requested: (check box below that applies)

Preferred Medications	
<input type="checkbox"/> armodafinil tablet (generic for Nuvigil™) 50 mg, 150 mg, 200 mg, 250 mg	<input type="checkbox"/> modafinil (generic for Provigil®) 100 mg, 200 mg
<input type="checkbox"/> Sunosi™ (solriamfetol) 75 mg, 150 mg	
Non-Preferred Medications	
<input type="checkbox"/> Nuvigil™ 50 mg, 150 mg, 200 mg, 250 mg	<input type="checkbox"/> Provigil® 100 mg, 200 mg
<input type="checkbox"/> Wakix® 4.45 mg, 17.8 mg	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

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CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 12 months

1. Is the member 18 years of age or older*?
 Yes No
2. Please check which diagnosis member has.
 Narcolepsy (**sleep study must be attached**)
 Excessive daytime sleepiness (EDS) in members with narcolepsy (**member is 6 years of age or older for Wakix**)*
 Obstructive sleep apnea (**sleep study must be attached**)
 Sudden onset of weak or paralyzed muscles (cataplexy)
 Shift work sleep disorder (**please answer questions 3-6**)
3. If applicable, please provide the member's current shift schedule
Current shift schedule: _____
4. Member's shift work sleep disorder does not occur during the course of another sleep disorder or mental disorder?
 Yes No
5. Member's shift work sleep disorder is not due to the direct physiological effects of a medication or a general medical condition?
 Yes No
6. List any other notes related to shift work sleep disorder that is pertinent.

List Pharmaceutical Drugs Attempted and Outcome:

(Continued on next page)

Medical Necessity: Provide clinical evidence that the Preferred drug(s) will not provide adequate benefit and/or provide clinical rationale for quantity exception requests.

Non-Preferred Medications

For Wakix (pitolisant):

1. Does the member have an International Classification of Sleep Disorders (ICSD-3) or Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnosis of narcolepsy?
 Yes No
2. Does the member have a baseline daytime sleepiness as measured by a validated scale? (e.g., Epworth Sleepiness Scale, Stanford Sleepiness Scale, Karolinska Sleepiness Scale, Cleveland Adolescent Sleepiness Questionnaire, or a Visual Analog Scale)?
 Yes No
3. Does the member have a mean sleep latency of ≤ 8 minutes AND ≥ 2 sleep onset REM periods (SOREMPs) are found on a mean sleep latency test (MSLT) performed according to standard techniques (A SOREMP [within 15 minutes of sleep onset] on the preceding nocturnal polysomnogram may replace one of the SOREMPs on the MSLT)?
 Yes No
4. Does the member have cerebrospinal fluid (CSF) hypocretin-1 concentration that has not been measured
 Yes No

OR

5. Does the member have CSF hypocretin-1 concentration measured by immunoreactivity that is either > 110 pg/mL OR $> 1/3$ of mean values obtained in normal subjects with the same standardized assay?
 Yes No
6. Does the member have hypersomnolence and/or MSLT findings that are not better explained by other causes such as insufficient sleep, obstructive sleep apnea, delayed sleep phase disorder, or the effect of medication or substances or their withdrawal?
 Yes No
7. Does patient have daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for ≥ 3 months?
 Yes No

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8. Member will not be receiving treatment with sedative hypnotic agents (e.g., zolpidem, eszopiclone, zaleplon, benzodiazepines, barbiturates)?
 Yes No
9. Member will not use drugs that prolong the QT interval (e.g., quinidine, procainamide, disopyramide, amiodarone, sotalol, ziprasidone, chlorpromazine, thioridazine, moxifloxacin) concomitantly.
 Yes No
10. Member will not use histamine-1 (H1) receptor antagonists (e.g., pheniramine maleate, diphenhydramine, promethazine, imipramine, clomipramine, mirtazapine) concomitantly.
 Yes No
11. Member does not have a history of prolonged QTc interval (e.g., QTc interval > 450 milliseconds).
 Yes No
12. Therapy will not be utilized in members with severe hepatic impairment (Child-Pugh C).
 Yes No
13. Patient does not have end stage renal disease (ESRD) (e.g., GFR < 15mL/minute/1.73^{m2}).
 Yes No

For Brand name Nuvigil/Provigil:

1. Has the member tried and failed the preferred generics for the requested products?
 Yes No

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

1. Does the member continue to meet initial criteria?
 Yes No
2. Does the member report a reduction in excessive daytime sleepiness from pre-treatment baseline?
 Yes No
3. Has the member not experienced any treatment related adverse events?
 Yes No

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****