

## STIMULANTS AND RELATED AGENTS – PROVIGIL / NUVIGIL / SUNOSI / WAKIX PRIOR AUTHORIZATION FORM

(form effective 01/05/2021)

Prior authorization guidelines for Stimulants and Related Agents and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	Total # pages: _____	Prescriber name:	
Name of office contact:		Specialty:		
Phone number of office contact:		NPI:	State license#:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

### CLINICAL INFORMATION

Drug requested:	Strength:	
Directions:	Quantity	Refills:
Diagnosis <i>(submit documentation)</i> :	Dx code <i>(required)</i> :	
Will the beneficiary receive concurrent treatment with a sedative/hypnotic medication(s)?	<input type="checkbox"/> Yes <i>Submit documentation of current complete medication list.</i> <input type="checkbox"/> No	

### INITIAL requests

<b><i>For a non-preferred drug:</i></b> Does the beneficiary have a history of trial and failure, contraindication, or intolerance to the preferred drugs in this class that are FDA-approved or medically accepted for the treatment of the beneficiary's condition? Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for a list of preferred and non-preferred drugs in this class.	<input type="checkbox"/> Yes <i>Submit documentation</i> <input type="checkbox"/> No
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Complete the sections below that are applicable to the beneficiary and this request and **SUBMIT DOCUMENTATION** for each item..

For treatment of narcolepsy:  
 Diagnosis is consistent with current International Classification of Sleep Disorders criteria (e.g., MSLT, overnight PSG, hypocretin-1 concentration, clinical assessment, etc.)

For treatment of shift work sleep disorder:  
 Diagnosis is consistent with current International Classification of Sleep Disorders criteria (e.g., shift work schedule, sleep log & actigraphy monitoring, other causes ruled out, clinical assessment, etc.)

For treatment of obstructive sleep apnea/hypopnea syndrome  
 Diagnosis is consistent with current International Classification of Sleep Disorders criteria (e.g., overnight PSG, out-of-center sleep testing, associated medical or psychiatric disorders, clinical assessment, etc.)

Tried and failed continuous positive airway pressure (CPAP) while adherent to treatment to resolve daytime sleepiness demonstrated by:  
 Epworth Sleepiness Scale >10  
 Multiple sleep latency test (MSLT) <8 minutes

Cannot use CPAP – reason: \_\_\_\_\_  
 Tried and failed an oral appliance for OSAHS to resolve daytime sleepiness

For treatment of fatigue related to multiple sclerosis:  
 Is currently receiving treatment for MS  
 Is not receiving treatment for MS – reason: \_\_\_\_\_

### RENEWAL requests

Has the beneficiary experienced a positive clinical response since starting the requested medication? <i>Submit documentation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date:
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