Aetna Better Health® of Virginia REQUEST FORM

NARCOLEPSY MEDICATIONS

Fax back to 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed.

Please use one form per member.

MEMBER INFORMATION

Last Name:

First Name:

Medicaid ID Number:

Date of Birth: ___ – ___ – ____

Gender: ☐ **Male** ☐ **Female**

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

First Name:

NPI Number:

Phone Number: ___ – ___ – ____

Fax Number: ___ – ___ – ____

DRUG INFORMATION

Minimum Age of 18 for the following Non-preferred Medications:

☐ Armodafinil tablet (generic for Nuvigil®) 50 mg, 150 mg, 200 mg, 250 mg (QD)

☐ Modafinil (generic for Provigil®) 100 mg, 200 mg (QD or BID)

☐ Nuvigil® 50 mg, 150 mg, 200 mg, 250 mg (QD)

☐ Provigil® 100 mg, 200 mg (QD or BID)

☐ Sunosi™ (solriamfetol) 75 mg, 150 mg

☐ Wakix® (pitolisant) 4.45 mg, 17.8 mg

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name:

Member's First Name:

DIAGNOSIS AND MEDICAL INFORMATION

Please select diagnosis from the following:

- ☐ Narcolepsy *(sleep study must be attached)*
- ☐ Excessive daytime sleepiness (EDS) in adult members with narcolepsy
- ☐ Obstructive sleep apnea *(sleep study must be attached)*
- ☐ Sudden onset of weak or paralyzed muscles (cataplexy)
- ☐ Shift work sleep disorder:
  - ☐ Current shift schedule: _____
  - ☐ Does not occur during the course of another sleep disorder or mental disorder
  - ☐ Is not due to the direct physiological effects of a medication or a general medical condition
  - ☐ Other: _____

List pharmaceutical agents attempted and outcome: _____

Medical Necessity (Provide clinical evidence that the preferred agent(s) will not provide adequate benefit or provide clinical rationale for quantity exception requests):

Prescriber Signature (Required) **Date**

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process.
Submission of documentation does NOT guarantee coverage.