

OPTIMA HEALTH PLAN

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. Incomplete form will delay authorization process.*

Drug Requested: **Nuvigil®** (armodafinil)

DRUG INFORMATION: *Complete information below. If incomplete, authorization process will be delayed.*

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

NOTE: *The concomitant use of Nuvigil® with other CNS Stimulant medication (e.g. amphetamine salts, methylphenidate) **WILL NOT** be covered.*

CLINICAL CRITERIA: *All boxes that apply **must** be checked to qualify or authorization process will be delayed. Chart notes and lab results **MUST** be attached with request.*

- Patient is \geq 17 years old (*indicated for armodafinil*)

AND

- Patient has **one** of the following diagnoses: (*check **one** indication and corresponding criteria*)
 - Narcolepsy** with excessive daytime sleepiness
 - Diagnosed by a polysomnogram or mean sleep latency time (MSLT) test – **results must be attached**
 - Obstructive Sleep Apnea** with excessive daytime sleepiness
 - Diagnosed by polysomnography with respiratory monitoring – **results must be attached**
 - Current CPAP therapy that has been adequately titrated and the member is compliant with
 - Shift-Work Sleep Disorder**

****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.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy & Therapeutics Committee: 9/17/2009
REVISED/UPDATED: 6/1/2011; 9/13/2011; 4/10/2014; 11/2/2014; 3/19/2015; 4/29/2015; 5/27/2015; 12/23/2015; 12/19/2016; 8/15/2017