

## Antinarcology: Provigil, Nuvigil, Armodafinil, and Modafanil

### Member Information

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Trillium ID #: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Gender: \_\_\_\_\_

### Prescriber Information

1. Prescriber Name: \_\_\_\_\_ 2. NPI #: \_\_\_\_\_  
2. Requestor Name (Nurse/Office Staff): \_\_\_\_\_  
3. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
4. Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

### Drug Information

1. Drug Name: \_\_\_\_\_ 2. Strength: \_\_\_\_\_ 3. Quantity per 30 Days: \_\_\_\_\_  
4. Length of Therapy (in days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days  Other \_\_\_\_\_

### Clinical Information

#### For Initial Authorization, please answer questions 1-7

1. Is this an initial authorization? Select 'Yes' for an initial authorization. Select 'No' for a reauthorization request.  
 Yes  No
2. Does the member have a diagnosis of Narcolepsy?  Yes  No
3. Does the member have a diagnosis of excessive sleepiness associated with Shift Work Sleep Disorder?  
 Yes  No
4. Does the member have excessive fatigue associated with Multiple Sclerosis or Myotonic Dystonia?  Yes  No
5. Does the member have a diagnosis of Obstructive Sleep Apnea-/ Hypopnea Syndrome?  Yes  No
6. Does the member use a CPAP?  Yes  No
7. If the member is being prescribed non-preferred modafanil, has the member tried and failed Provigil and Nuvigil?  Yes  No
  - a. If 'NO', state a clinical reason why the member cannot use the preferred Brand medications:  
\_\_\_\_\_

#### For Continuation therapy, please answer questions 1-8

8. Has the member experienced a reduction in excessive daytime sleepiness from pre-treatment baseline 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

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.