

Antinarcology: Nuvigil/armodafinil (generic)

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 60 90 120 180 365 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 member is being prescribed non-preferred armodafinil, 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.