

# Narcolepsy Medications Prior Authorization (PA) Form

Virginia | HealthKeepers, Inc. | Anthem HealthKeepers Plus Medicaid products

If the following information is not complete, correct, or legible, the PA process could be delayed. Please use one form per member.

### Member information

Last name:

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First name:

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Medicaid ID number:

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Date of birth:

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Weight in kilograms: \_\_\_\_\_

### Prescriber information

Last name:

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First name:

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NPI number:

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Phone number:

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Fax number:

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### Drug information

#### Minimum age of 18 for the following medications:

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Yes     No

3. A mean sleep latency of  $\leq$  eight minutes AND  $\geq$  2 sleep onset REM periods (SOREMPs) are found on a mean sleep latency test (MSLT) performed according to standard techniques (A SOREMP within 15 minutes of sleep onset on the preceding nocturnal polysomnogram may replace one of the SOREMPs on the MSLT); And

Yes     No

4. Either cerebrospinal fluid (CSF) hypocretin-1 concentration has not been measured OR CSF hypocretin-1 concentration measured by immunoreactivity is either  $> 110$  pg/mL OR  $> 1/3$  of mean values obtained in normal subjects with the same standardized assay; And

Yes     No

5. The hypersomnolence and/or MSLT findings are not better explained by other causes such as insufficient sleep, obstructive sleep apnea, delayed sleep phase disorder, or the effect of medication or substances, or their withdrawal; And

Yes     No

6. Patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for  $\geq 3$  months; And

Yes     No

7. Patient must not be receiving treatment with sedative hypnotic agents (zolpidem, eszopiclone, zaleplon, benzodiazepines, barbiturates); And

Yes     No

8. Patient will not use drugs that prolong the QT interval (quinidine, procainamide, disopyramide, amiodarone, sotalol, ziprasidone, chlorpromazine, thioridazine, moxifloxacin) concomitantly; And

Yes     No

9. Patient will not use histamine-1 (H1) receptor antagonists (pheniramine maleate, diphenhydramine, promethazine, imipramine, clomipramine, mirtazapine) concomitantly; And

Yes     No

10. Patient does not have a history of prolonged QTc interval (such as QTc interval  $> 450$  milliseconds); And

Yes     No

11. Therapy will not be used in patients with severe hepatic impairment (Child-Pugh C); And

Yes     No

12. Patient does not have end-stage renal disease (ESRD) (for example, eGFR < 15 mL/minute/1.73 m<sup>2</sup>).
- Yes     No

**For brand Nuvigil or Provigil:**

1. Has the member tried and failed the preferred generics for the requested products?
- Yes     No

**For renewal:**

1. Does the member continue to meet initial criteria? And
- Yes     No
2. Does the member report a reduction in excessive daytime sleepiness from pre-treatment baseline? And
- Yes     No
3. Has the member not experienced any treatment-related adverse effects?
- Yes     No

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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. The completed form may be faxed to **844-512-7020**.



**Email is the quickest and most direct way to receive important information from us.**

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form: <http://anthem.ly/signup-abcbs-va>.