Independence Blue Cross

PRIOR AUTHORIZATION FORM

Provigil® (modafinil)/Nuvi® (armodafinil)

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Drug Requested: ☐ **Provigil®** (modafinil) ☐ **Nuvigil®** (armodafinil)

Date _____ Patient's ID#: _____ DOB: _____

Patient's Name _____ Provider NPI: _____

Prescribing Physician _____ Office Contact: _____

Office Fax# _____ Office Phone: _____

ONLY COMPLETED REQUESTS WILL BE REVIEWED

1. **PROVIDER SPECIALTY** (specify): ☐ Neurologist ☐ Sleep Specialist ☐ Other: _____

2. **DIAGNOSIS FOR DRUG REQUESTED:**
   - ☐ Narcolepsy
   - ☐ Obstructive Sleep Apnea/Hypopnea Syndrome
   - ☐ Shift Work Sleep Disorder
   - ☐ Other (*specify*): _____

3. **PATIENT HISTORY:**

a. Was a sleep study conducted? Diagnosis *(resulting from sleep study)*:_____	☐ **Yes** ☐ **No** ☐ **N/A**
b. Clinical evaluation demonstrating presence of a shift work schedule likely to result in sleepiness?	☐ **Yes** ☐ **No** ☐ **N/A**
c. Clinical evaluation showing failure of patient counseling regarding techniques for reducing the negative effects of shift work (napping, bright light, avoidance, or request for change in shift, etc.)?	☐ **Yes** ☐ **No** ☐ **N/A**
d. Does the patient have a history of medical or mental disorder that accounts for the symptoms?	☐ **Yes** ☐ **No** ☐ **N/A**
e. Does the patient have any sleep disorders that produce insomnia or excessive sleepiness (e.g. time-zone change syndrome)?	☐ **Yes** ☐ **No** ☐ **N/A**
f. Did the patient have a Polysomnography and the multiple sleep latency test (MSLT) that demonstrated a loss of normal sleep wake pattern?	☐ **Yes** ☐ **No** ☐ **N/A**
g. Does the patient currently use Continuous Positive Airway Pressure (CPAP)?	☐ **Yes** ☐ **No** ☐ **N/A**

Please add any supporting medical information that may be useful in the decision-making process:

_____

_____

FAX TO (888) 671-5285. YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent licensees of the Blue Cross and Blue Shield Association.