

# Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part B  Medicare Part D  
 This request is:  Expedited request  Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

## Modafinil (generic Provigil®)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Drug information

- Modafinil 100 mg tablet  
 Modafinil 200 mg tablet

Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

### Prior authorization criteria

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. For narcolepsy, must be confirmed by polysomnography and must first try one of the following:
  - amphetamine salts
  - dextroamphetamine
  - methylphenidate
  - Daytrana
2. Narcolepsy and obstructive sleep apnea must be confirmed by polysomnography

### Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.)

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**Priority Health Precertification Documentation**

**A. What condition is this drug being requested for?**

- Attention deficit hyperactivity disorder
- Fatigue because of depression
- Fatigue because of fibromyalgia
- Narcolepsy
- Obstructive sleep apnea
- Shift work sleep disorder
- Sleep deprivation
- Somnolence because of an adverse drug reaction
- Steinert myotonic dystrophy syndrome
- Other – the patient’s condition is: \_\_\_\_\_

**B. Was the patient’s condition confirmed by polysomnography? (Required for narcolepsy and OSA.)**

- Yes    No

**C. Which of the following drugs has the patient tried? (Required for narcolepsy.)**

- amphetamine salts
- dextroamphetamine
- methylphenidate
- Daytrana

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**Priority Health Medicare exception request**

**Do you believe one or more of the prior authorization requirements should be waived?**    Yes    No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

**Would modafinil likely be the most effective option for this patient?**

Yes    No

If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the patient is currently using modafinil, would changing the patient’s current regimen likely result in adverse effects for the patient?**

Yes    No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_