PROV.17
Form # 20710
R: 10.15

State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
PROVIGIL / XYREM / NUVIGIL

Phone: 1-888-445-0497 **www.mainecarepdl.org** Fax: 1-888-879-6938

Member ID #: |__|__|__|__|__|__|__|__|__|__|__| Patient Name: _____ DOB: _____
(NOT MEDICARE NUMBER)
Patient Address:_____

Provider DEA: |__|__|__|__|__|__|__|__|__| Provider NPI: __|__|__|__|__|__|__|__|__|__|

Provider Name:_____ Phone:_____

Provider Address:_____ Fax:_____

Pharmacy Name:_____Rx Address:_____Rx phone:_____

(Pharmacy use only): NPI: | | | | | | | | | | NABP: | | | | | | | NDC: | | | | | | | | | | |

Drug Name	Strength	Dosage Instructions	Quantity	Days Supply (34 retail / 90 mail order)	Refills
Provigil® [8]	_____	_____	_____	_____	1 2 3 4 5
Nuvigil® [9]	_____	_____	_____	_____	1 2 3 4 5

One of the following criteria required:

A.) Documentation of Narcolepsy diagnosis – must enclose medical records:

- ❑ Excessive daytime somnolence – objective verification MSLT (multiple sleep latency test) after nocturnal sleep recording **OR**
- ❑ Unambiguous history of cataplexy **OR**
- ❑ Evidence of HLA DQ betal – 0602 **AND**
- ❑ Failed adequate trials of both methylphenidate and amphetamine_____

Supportive/Optional:

❑ Abnormal REM sleep regulation ❑ Hypnagogic hallucinations ❑ Sleep paralysis

B.) Documentation of Obstructive Sleep Apnea - must enclose medical records:

- ❑ Sleep studies confirming diagnosis of obstructive sleep apnea and;
- ❑ Evidence of good compliance with CPAP and;
- ❑ Score >= 10 on the Epworth Sleepiness Scale despite treatment with CPAP

C.) Shift work sleep disorder

❑ Failed adequate trials of both methylphenidate and amphetamine_____

D.) Documentation of ADHD diagnosis – must enclose medical records (PROVIGIL ONLY)

❑ Failed adequate trial of preferred amphetamine, methylphenidate, and non-preferred Stratterra. _____

E.) Other_____

Xyrem® [9]	500 mg/ml	_____	_____	_____	1 2 3 4 5

1.) Documentation of Narcolepsy diagnosis – must enclose medical records:

- ❑ Excessive daytime somnolence – objective verification MSLT (multiple sleep latency test) after nocturnal sleep recording.
- ❑ Unambiguous history of cataplexy
- ❑ Abnormal REM sleep regulation
- ❑ Exclusion of other sleep disorders
- ❑ Failed adequate trials with Provigil

*****Reminder: Registration with the Xyrem REM Program is required to obtain this drug. Register your patient by calling 1-866-997-3688. Further information is located at www.xyrem.com**

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ Date of Submission: _____

***MUST MATCH PROVIDER LISTED ABOVE**