MedStar Medicare Choice

MedStar Medicare Choice
Pharmacy Services
Phone: 855-266-0712
Fax: 855-862-6517

MODAFINIL (Provigil)
Prior Authorization Form

☐ Standard Request (72 hours) ☐ Expedited Request (24 hours)	If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:
Quantity Dispensed:	Day Supply:	☐ Generic ☐ Brand Necessary

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

☐ New medication ☐ Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

Clinical Information

☐ Narcolepsy	Please provide chart documentation of a sleep study and previous trial and failure of a CNS stimulant (such as methylphenidate, amphetamine salts, dextroamphetamine)
☐ Obstructive sleep apnea	Please provide chart documentation of a sleep study
☐ Shift work sleep disorder	Are there any other medical or mental disorders that account for the symptoms? ☐ Yes ☐ No Please indicate number of over-night shifts worked per month:____________________ ☐ Please provide chart documentation of the shift work schedule. ☐ Please provide chart documentation of a sleep study.
☐ Other	Diagnosis:________________________________ Date Diagnosed:__________

Please provide any additional information which should be considered in the space below:

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