P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3129
Fax 801-442-3006

selecthealth℠

PREAUTHORIZATION FORM

Provigil™ and Nuvigil™
(modafinil and armodafinil)

Therapeutic use: wakefulness promoting stimulant medication

Quantity Limit:

- Provigil: 30 per month of the 100 mg tablets; 60 per month of the 200 mg tablets
- Nuvigil: 30 tablets per month

Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐☐☐☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐☐☐☐☐☐☐☐ _____

Physician's name_____

Physician's Ph# (☐☐☐) ☐☐☐-☐☐☐☐ Fax# ☐☐☐-☐☐☐☐

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Which medication is being requested? ❑ Provigil ❑ Nuvigil Requested dose:_____		
2.	Is the patient being treated for **obstructive sleep apnea/hypopnea syndrome (OSAHS)**?	❑ Yes	❑ No
2a.	Has OSAHS been diagnosed by a sleep specialist? If so, please list sleep specialist:_____	❑ Yes	❑ No
2b.	Has the patient been compliant with CPAP?	❑ Yes	❑ No
3.	Is the patient being treated for **narcolepsy**?	❑ Yes	❑ No
3a.	Has narcolepsy been diagnosed by a sleep specialist? If so, please list sleep specialist:_____	❑ Yes	❑ No
4	Has the patient been diagnosed with **Shift Work Sleep Disorder (SWSD)**?	❑ Yes	❑ No
4a.	Has the patient had a primary complaint of insomnia or excessive sleepiness?	❑ Yes	❑ No
4b.	Have the symptoms lasted for three (3) or more months?	❑ Yes	❑ No
4c.	Does the patient's alternative work schedule meet the following criteria: (please check all that apply) ❑ Six (6) or more hours of the shift between 10pm and 8am ❑ Twelve (12) or less hours per shift ❑ Five (5) or more alternative shifts per month ❑ Three (3) or more consecutive shifts per month)	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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