# Wakefulness Promoting Agents

Nuvigil (armodafinil), Provigil (modafinil), Sunosi (solriamfetol), Wakix (pitolisant)

| Member and Medication Information<br>* indicates required field | |
|---|---|
| *Member ID: | *Member Name: |
| *DOB: | *Weight: |
| *Medication Name/Strength: | ❑ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified. |
| *Directions for use: | |
| **Provider Information**<br>* indicates required field | |
| *Requesting Provider Name: | *NPI: |
| *Address: | |
| *Contact Person: | *Phone #: |
| *Fax #: | Email: |
| Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at **855-828-4992**, to prevent processing delays. | |

**Criteria for Approval: Circle the diagnosis and medication.** *(must submit chart notes indicating one of the following diagnosis)*

| Diagnosis, Dose and Age Limitations | Provigil (modafinil) *18 yrs. or older* | Nuvigil (armodafinil) *18 yrs. or older* | Sunosi (solriamfetol) *18 yrs. or older* | Wakix (pitolisant) *18 yrs. or older* |
|---|---|---|---|---|
| Daytime somnolence due to obstructive sleep apnea | 200mg/day | 250 mg/day | 150mg/day | |
| Narcolepsy | 400mg/day | 250mg/day | 150mg/day | 35.6mg/day* |
| Narcolepsy with cataplexy | | | | 35.6mg/day* |
| Fatigue and sleepiness related to multiple sclerosis | 200mg/day | | | |
| Shift work sleep disorder | 200mg/day | 150 mg/day | | |

*Specify requested dosing below.

**Additional criteria for daytime somnolence due to obstructive sleep apnea:**

❑ Patient must use CPAP or prescriber must submit appropriate clinical rationale for not using CPAP:

_____ Chart Note Page #: _____

**Additional criteria for shift work sleep disorder:** *All criteria must be met*

❑ Documentation indicating member is working night shifts.

**Additional criteria for Sunosi and Wakix (Step therapy required):**

❑ Medications for narcolepsy are being prescribed by a provider specializing in neurology or endocrinology. Prescribed by or in consultation with a provider that is board certified in sleep medicine.

❑ Insufficient response to adequately dosed and appropriate length of treatment with modafinil and/or armodafinil. (concomitant use is allowed) OR preferred ADHD stimulants:

Medication(s): _____ Chart Note Page #: _____

Dates of therapy: _____ Details of Failure: _____

☐ Insufficient response to adequately dosed and appropriate length of treatment with generic sodium oxybate

Chart Note Page #: _____ Dates of therapy: _____ Details of Failure: _____

❑ Wakix Planned Titration Schedule:

| | |
|---|---|
| **Week 1** | ☐ 8.9mg (Two 4.45mg tablets) ☐ Other: |
| **Week 2** | ☐ 17.8mg (One 17.8mg tablet) ☐ Other: |
| **Week 3** | ☐ 17.8mg (One 17.8mg tablet) ☐ 35.6mg (Two 17.8mg tablets) ☐ Other: |

**Re-authorization Criteria:**

❑ Updated letter of medical necessity or updated chart notes demonstrating positive clinical response.

❑ For daytime somnolence due to obstructive sleep apnea, patient should continue on CPAP or explanation for discontinuation.

❑ For shift work sleep disorder, patient must still be working night shifts.

**Initial Authorization:** Up to 6 months

**Re-authorization:** Up to 1 year

**PROVIDER CERTIFICATION**

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

_____ _____

Prescriber's Signature Date