



STIMULANTS AND RELATED AGENTS – ANALEPTICS (e.g., PROVIGIL / NUVIGIL / SUNOSI / WAKIX)

PRIOR AUTHORIZATION FORM (form effective 1/6/2025)

Prior authorization guidelines for **Stimulants and Related Agents** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html>.

| | | | | |
|--------------------------------------|--|-------------------|------------------|------------------|
| <input type="checkbox"/> New request | <input type="checkbox"/> Renewal request | # of pages: _____ | Prescriber name: | |
| Name of office contact: | | | Specialty: | |
| Contact's phone number: | | | NPI: | State license #: |
| LTC facility contact/phone: | | | Street address: | |
| Beneficiary name: | | | City/state/zip: | |
| Beneficiary ID#: | DOB: | Phone: | Fax: | |

CLINICAL INFORMATION

| | | |
|---|--|----------|
| Drug requested: | Strength: | |
| Directions: | Quantity: | Refills: |
| Diagnosis (<i>submit documentation</i>): | Dx code (required): | |
| Will the beneficiary receive concurrent treatment with a sedative/hypnotic medication(s)? | <input type="checkbox"/> Yes <i>Submit documentation of current complete medication list.</i> <input type="checkbox"/> No | |

Complete all sections that apply to the beneficiary and this request.
Check all that apply and submit documentation for each item.

INITIAL requests

- For treatment of narcolepsy:**
 - Diagnosis is consistent with current International Classification of Sleep Disorders criteria (e.g., MSLT, overnight PSG, hypocretin-1 concentration, clinical assessment, etc.)
- For treatment of shift work sleep disorder:**
 - Diagnosis is consistent with current International Classification of Sleep Disorders criteria (e.g., shift work schedule, sleep log & actigraphy monitoring, other causes ruled out, clinical assessment, etc.)
- For treatment of obstructive sleep apnea/hypopnea syndrome:**
 - Diagnosis is consistent with current International Classification of Sleep Disorders criteria (e.g., overnight PSG, out-of-center sleep testing, associated medical or psychiatric disorders, clinical assessment, etc.)
 - Tried and failed continuous positive airway pressure (CPAP) while adherent to treatment to resolve daytime sleepiness demonstrated by:
 - Epworth Sleepiness Scale >10
 - Multiple sleep latency test (MSLT) <8 minutes



Cannot use CPAP – reason: _____

Tried and failed an oral appliance for OSAHS to resolve daytime sleepiness

4. For treatment of fatigue related to multiple sclerosis:

Is currently receiving treatment for MS

Is not receiving treatment for MS – reason: _____

5. For a NON-PREFERRED analeptic Stimulants and Related Agent:

Has a history of trial and failure of or a contraindication or an intolerance to the preferred analeptic Stimulants and Related Agents that are approved or medically accepted for treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)

RENEWAL requests

1. For all requests:

Experienced a positive clinical response to the requested analeptic

2. For a NON-PREFERRED analeptic Stimulants and Related Agent:

Has a history of trial and failure of or a contraindication or an intolerance to the preferred analeptic Stimulants and Related Agents that are approved or medically accepted for treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:

Date:

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