

CAREFIRST
Provigil

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Provigil.

Patient Information

Patient Name:
Patient Phone:
Patient ID:
Patient Group:
Patient DOB:

Physician Information

Physician Name:
Physician Phone:
Physician Fax:
Physician Addr.:
City, St, Zip:

Drug Name (select from list of drugs shown)

Provigil 200mg (modafinil) Provigil 100mg (modafinil) Modafinil 200mg Modafinil 100mg

Quantity: _____ Frequency: _____ Strength: _____
Route of Administration: _____ Expected Length of Therapy: _____
Diagnosis: _____ ICD Code: _____
Comments: _____

Please check the appropriate answer for each applicable question.

- 1. Does the patient have a diagnosis of narcolepsy? Y N
- 2. Has the diagnosis been confirmed by sleep lab evaluation? Y N
- 3. Does the patient have a diagnosis of Shift Work Disorder (SWD)? Y N
- 4. Does the patient have a diagnosis of obstructive sleep apnea (OSA)? Y N
- 5. Has the diagnosis been confirmed by polysomnography? Y N
- 6. Has the patient been receiving treatment for the underlying airway obstruction (e.g., continuous positive airway pressure [CPAP]) for at least one month? Y N
- 7. Is the requested drug being prescribed for multiple sclerosis-related fatigue? Y N
- 8. Does the patient require MORE than the plan allowance of 60 tablets per month? Y N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.