



**PA Requirements for Provigil (modafinil):**

The member is 18 years of age or older and has one of the following diagnoses:

- Idiopathic hypersomnia
- Narcolepsy with excessive daytime sleepiness
- Obstructive sleep apnea/hypopnea syndrome with residual excessive daytime sleepiness in conjunction with appropriate medical intervention(s)
  - List any other medical intervention(s) being utilized for obstructive sleep apnea (e.g., PAP, OPT, etc.)?  
\_\_\_\_\_
- Shift work sleep disorder
- Sleep deprivation

**PA Requirements for Sunosi (solriamfetol):**

**Initial Authorization**

The member is 18 years of age or older and has one of the following diagnoses:

- Narcolepsy with excessive daytime sleepiness
- Obstructive sleep apnea/hypopnea syndrome with residual excessive daytime sleepiness in conjunction with appropriate medical intervention(s)
  - List any other medical intervention(s) being utilized for obstructive sleep apnea (e.g., PAP, OPT, etc.)?  
\_\_\_\_\_

Has the member had a previous trial and failure with any of the following (supported by claims history or chart documentation)?

- Armodafinil
- Modafinil

If not, please provide medical justification for use of Sunosi (solriamfetol) over armodafinil and modafinil:  
\_\_\_\_\_  
\_\_\_\_\_

**Reauthorization**

Please submit documentation demonstrating continued benefit from the medication (i.e., reduction in frequency of cataplexy, reduction in symptoms of excessive daytime sleepiness, etc.) without significant adverse events (documentation must include most recent chart notes)

**PA Requirements for Wakix (pitolisant):**

**Initial Authorization**

Select ONE of the following:

- 1) The member is 6 years of age or older and less than 18 years of age with the following diagnosis:
  - Narcolepsy with excessive daytime sleepiness
- 2) The member is 18 years of age or older with one of the following diagnoses:
  - Narcolepsy with cataplexy or excessive daytime sleepiness
  - Obstructive sleep apnea/hypopnea syndrome with residual excessive daytime sleepiness in conjunction with appropriate medical intervention(s)
    - List any other medical intervention(s) being utilized for obstructive sleep apnea (e.g., PAP, OPT, etc.)?  
\_\_\_\_\_

Has the member had a previous trial and failure with any of the following (supported by claims history or chart documentation)?

- Armodafinil
- Modafinil

If not, please provide medical justification for use of Wakix (pitolisant) over amodafinil and modafinil:

\_\_\_\_\_  
\_\_\_\_\_

**Reauthorization**

Please submit documentation demonstrating continued benefit from the medication (i.e., reduction in frequency of cataplexy, reduction in symptoms of excessive daytime sleepiness, etc.) without significant adverse events (documentation must include most recent chart notes)

**PA Requirements for Xyrem (sodium oxybate)\*:**

**Initial Authorization**

The member is 7 years of age or older and has narcolepsy with cataplexy or excessive daytime sleepiness diagnosis  Yes  No

- Please provide requested dose per day: \_\_\_\_\_
- Please provide member's weight (include date of collection): \_\_\_\_\_

***\*Note: plan prefers brand name Xyrem; requests for generic sodium oxybate will require generic medically necessary PA review***

**Reauthorization**

Please submit documentation demonstrating continued benefit from the medication (i.e., reduction in frequency of cataplexy, reduction in symptoms of excessive daytime sleepiness, etc.) without significant adverse events (documentation must include most recent chart notes).

***\*Note: plan prefers brand name Xyrem; requests for generic sodium oxybate will require generic medically necessary PA review***

**PA Requirements for Xywav (calcium/magnesium/potassium/sodium oxybate solution):**

**Initial Authorization**

Select ONE of the following:

- 1) The member is 7 years of age or older and has narcolepsy with cataplexy or excessive daytime sleepiness diagnosis  Yes  No

- Please provide requested dose per day: \_\_\_\_\_
- Please provide member's weight (include date of collection): \_\_\_\_\_

Has the member had a previous trial and failure with Xyrem (sodium oxybate) (supported by claims history or chart documentation)?  Yes  No

If not, please provide medical justification for use of Xywav (calcium/magnesium/potassium/sodium oxybate solution) over Xyrem (sodium oxybate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) The member is 18 years of age or older and has idiopathic hypersomnia diagnosis  Yes  No

- Please provide requested dose per day: \_\_\_\_\_

Has the member had a previous trial and failure with modafinil (supported by claims history or chart documentation)?  Yes  No

If not, please provide medical justification for use of Xywav (calcium/magnesium/potassium/sodium oxybate solution) over modafinil:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reauthorization**

Please submit documentation demonstrating continued benefit from the medication (i.e., reduction in frequency of cataplexy, reduction in symptoms of excessive daytime sleepiness, etc.) without significant adverse events (documentation must include most recent chart notes).

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