



Provigil® (modanfinil) Prior Authorization Request Form

Please fax the completed request form to the Coventry Health Care Pharmacy Department at 877-815-8751. For additional information call 800-647-2240.

Patient Name: _____ Today's Date: ____/____/____
 Patient Pharmacy ID: _____ Date of Birth: ____/____/____
(located on bottom right of insurance card)
 Requesting Physician: _____ Specialty: _____
(Please print)
 Office Contact Person: _____ Phone #: (____)____-____ext____
 Office Address: _____
 Medication/dose Requested: _____ Fax #: ____ (____)____ - _____
 Expected Duration of Therapy: _____ ICD-9 _____

1. Is the patient 16 years of age or older?	Yes	No
2. Is the prescription for 200mg a day or less?	Yes	No
3. Does the patient have a diagnosis of:		
a. Narcolepsy or Idiopathic Hypersomnia?		
Has the diagnosis been confirmed by sleep studies? (if so, please attach)	Yes	No
Has the patient been evaluated for other causes of excessive daytime sleepiness, Such as insufficient sleep syndrome, upper airway resistance syndrome, or Depression?	Yes	No
b. Obstructive Sleep Apnea/Hypopnea Syndrome?	Yes	No
Has the patient been on continuous positive airway pressure (CPAP) treatment for 4 or more hours per night for at least 12 weeks?		
Has the patient undergone uvulopalatopharyngoplasty surgery?		
c. Shift Work Sleep Disorder?		
Is there documentation from the patient's employee indicating patient is working variable, alternating hours, or 3 rd shift? (If so, please attach)	Yes	No
4. Is the patient currently receiving other drugs (e.g. hypnotics) or have any medical conditions known to cause or contribute to sleepiness. _____		
5. Is there another reason you are prescribing this medication? If so, please explain:		

Physician's Signature: _____ Date: ____/____/____

For Mercy Health Plans use only: Approved Length of Approval _____

Denied Reason for Denial _____

Reviewer's Signature: _____ Date Reviewed: ____/____/____

Override Entered in Caremark CCMS for _____ - _____ by _____

Office Notified on _____; at _____ am/pm; by _____ spoke to _____