

## New Hampshire Medicaid Fee-for-Service Program Prior Authorization Drug Approval Form

Wakix® (pitolisant)

DATE OF MEDICATION REQUEST: / /

SECTION I: PATIENT INFORMATION AND MEDICATION REQUESTED		
LAST NAME:	FIRST NAME:	
MEDICAID ID NUMBER:	DATE OF BIRTH:	
GENDER: Male Female		
Drug Name:	Strength:	
Dosing Directions:	Length of Therapy:	
SECTION II: PRESCRIBER INFORMATION		
LAST NAME:	FIRST NAME:	
SPECIALTY:	NPI NUMBER:	
PHONE NUMBER:	FAX NUMBER:	
SECTION III: CLINICAL HISTORY:		
Is the prescriber a sleep specialist or neurologist	or has one been consulted? Yes No	
2. Does the patient have a diagnosis of narcolepsy a	according to DSM-5 or ICSD-3?	
<ol><li>Does the patient have excessive daytime sleeping sleep testing? (Check all that apply.)</li></ol>	ess associated with narcolepsy confirmed by	
Polysomnography		
Multiple sleep latency test		
4. Does the patient have any of the following? (Che	eck all that apply.)	
Obstructive sleep apnea		
Delayed sleep phase disorder		
Substance or medication side effect or withdo	rawal	

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**Fax**: 1-888-603-7696 Review Date:07/01/2024





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PATIENT LAST NAME: PATIENT FIRST NAME:		
SE	CTION III: CLINICAL HISTORY <i>(Continued)</i>	
5.	Does the patient have daily periods of an irrepressible need to sleep or daytime lapses into Sleep occurring for 3 or more months?	
6.	Has the patient tried at least 30 days of a central nervous system (CNS) stimulant (e.g., methylphenidate)?  Details of trial:	
7.	Has the patient tried at least 30 days of a CNS promoting wakefulness drug (e.g., modafinil)?  Details of trial:  If no, provide reason:	
8.	Are sleep logs for the last 30 days attached to this request?	
9.	Provide any additional information that would help in the decision-making process.  If additional space is needed, please use a separate sheet.	
	ertify that the information provided is accurate and complete to the best of my knowledge and I understand at any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.	

PRESCRIBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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