BlueCross BlueShield of Louisiana

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P.O. Box 98031 • Baton Rouge, Louisiana • 70898-9031

CONFIDENTIAL PATIENT INFORMATION

EXPRESS SCRIPTS® Charting the Future of Pharmacy

DRUG AUTHORIZATION FORM
Nuvigil/Provigil
Seroquel

Phone: 800-842-2015 Fax: 877-837-5922

PATIENT DATA	Last Name	First Name	Policy Number	Date of Birth	Age
REQUESTING PHYSICIAN DATA	Last Name	First Name	Contact Name	Fax Number ( )	
BCBSLA Provider Number	Area of Practice/Specialty	Name of Place of Treatment	Treatment Center Provider #	Phone Number ( )	
BILLING DATA	Diagnosis Code(s) (ICD-9): 1) 2)		CPT-4/HCPCS Code	Other Codes	

DRUG INFORMATION - Nuvigil/Provigil

☐ NUVIGIL® ☐ PROVIGIL®

INDICATION / DIAGNOSIS

- ☐ ADHD/ADD
- ☐ Adjunctive/augmentation treatment of depression in adults
- ☐ Adjunctive treatment for schizophrenia
- ☐ Alcoholic organic brain syndrome
- ☐ Bipolar disorder, including bipolar depression
- ☐ Cancer-related fatigue
- ☐ Chronic fatigue syndrome
- ☐ Enhancement of performance in situations that induce sleep deprivation
- ☐ Excessive daytime sleepiness due to myotonic dystrophy
- ☐ Excessive daytime sleepiness in Parkinson's disease
- ☐ Excessive daytime sleepiness associated with primary insomnia
- ☐ Excessive sleepiness due to obstructive sleep apnea/hypopnea syndrome (OSAHS)
- ☐ Excessive sleepiness due to shift work sleep disorder (SWSD)
- ☐ Fatigue or sleepiness associated with chronic use of narcotic analgesics
- ☐ Fatigue associated with HIV infection
- ☐ Fatigue and excessive daytime sleepiness due to chronic traumatic brain injury
- ☐ Fatigue associated with multiple sclerosis (MS)
- ☐ Fatigue in post-polio patients
- ☐ Fibromyalgia
- ☐ Hypersomnia (diagnosed by someone other than a sleep specialist), fatigue or sleepiness due to other specific conditions or of unknown etiology
- ☐ Idiopathic Hypersomnia **(diagnosed by a sleep specialist)**
- ☐ Myasthenia gravis
- ☐ Narcolepsy
- ☐ Seasonal affective disorder
- ☐ Spasticity due to cerebral palsy
- ☐ Post-stroke sleep-wake disorders (SWD) or sleep disorders
- ☐ Other: _____

OTHER CLINICAL INFORMATION (Check ALL that apply)

☐ Yes ☐ No Has the patient tried continuous positive airway pressure (CPAP)?

☐ Yes ☐ No Does the patient work 5 or more overnight shifts per month? Quantity of overnight shifts per month:_____

☐ Yes ☐ No Is the patient currently taking medications for depression? If yes, specify:_____

☐ Yes ☐ No Has the patient tried one CNS stimulant? If yes, specify:_____

☐ Yes ☐ No Has the patient tried two alternative medications for ADHD/ADD? If yes, specify:_____

List any other relevant clinical info if applicable:_____

DRUG INFORMATION- Seroquel

☐ SEROQUEL® Dose and Frequency: _____

INDICATION / DIAGNOSIS

- ☐ Augmentation therapy in the treatment of depression, Obsessive-Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), or anxiety.
- ☐ Delirium
- ☐ Insomnia
- ☐ Pain
- ☐ Tourette's disorder
- ☐ Treatment or prevention of Headache
- ☐ Other: _____

OTHER CLINICAL INFORMATION (Check ALL that apply)

☐ Yes ☐ No Is the patient's dose of Seroquel less than or equal to 100 mg per day? If yes, specify: _____

☐ Yes ☐ No Is the prescriber a Psychiatrist or Neurologist?

☐ Yes ☐ No Patient is currently taking an oral or injectable antipsychotic; specify _____

☐ Yes ☐ No Patient is currently taking a mood stabilizer; specify _____

☐ Yes ☐ No Patient is currently taking an anti-Parkinson's disease medication; specify _____

☐ Yes ☐ No Patient is currently taking an anti-dementia medication; specify _____

PHYSICIAN SIGNATURE _____ **DATE** _____

Prescribing Physician

Note: On behalf of Blue Cross and Blue Shield of Louisiana, prior authorizations are administered by Express Scripts, Inc., an independent pharmacy benefit management company. Please note that the authorization is not a guarantee of payment. Payment is subject to the member's eligibility, benefits, and pre-existing condition limitations at the time the services are provided. We recommend you contact BCBSLA at 800-922-8866 to verify benefits. The submitting provider certifies that the information contained herein is true, accurate, and complete and the requested services are medically necessary to the health of the patient.

Incomplete forms will not be processed