



Nevada Medicaid – Molina Healthcare

Wakix® (pitolisant)

Medications Prior Authorization Request Form

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Please FAX responses to: (844) 259-1689. Phone: (833) 685-2103.**

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Molina ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if request is for continuation of therapy		Directions for Use:	

Clinical Information <small>(required)</small>
<p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The recipient has a diagnosis of narcolepsy as confirmed by a sleep study. <input type="checkbox"/> The recipient has a diagnosis of narcolepsy, but a sleep study is not feasible (provide justification below). <input type="checkbox"/> The recipient is 18 years of age or older. <p>Recertification:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The recipient has a documented positive clinical response to Wakix® therapy.

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-833-685-2103.
 This form may be used for non-urgent requests and faxed to 1-844-259-1689.

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