

MOLINA COMPLETE CARE Molina Complete Care Service Authorization (SA) Form **NARCOLEPSY MEDICATIONS**

If the following information is not complete, correct, or legible, the SA process can be delayed. Please use one form per member.

MEMBER INFORMATION														
Last Name:	First Name:													
Medicaid ID Number:	Date of Birth:													
Gender: Male Female	Weight in Kilograms:													
PRESCRIBER INFORMATION														
	First Name.													
Last Name:	First Name:													
NPI Number:														
Phone Number:	Fax Number:													
DRUG INFORMATION														
Non-preferred Medications:														
Armodafinil tablet (generic for Nuvigil®) 50 mg, 15	0 mg, 200 mg, 250 mg (QD)													
☐ Modafinil (generic for Provigil®) 100 mg, 200 mg (€	QD or BID)													
Nuvigil [®] 50 mg, 150 mg, 200 mg, 250 mg (QD)														
Provigil® 100 mg, 200 mg (QD or BID)														
Sunosi™ (solriamfetol) 75 mg, 150 mg														
Wakix® (pitolisant) 4.45 mg, 17.8 mg														
Drug Name/Form:														
Strength:														
Dosing Frequency:														
Length of Therapy:														
Quantity per Day:														
(Form continued on next page.)														

MCC M4 SA Form: Narcolepsy Medications

Me	Member's Last Name:												Member's First Name:												
DIAGNOSIS AND MEDICAL INFORMATION																									
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