



**BlueCross
BlueShield**

Federal Employee Program.

SUNOSI

PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: **1-877-378-4727**

Additional information is required to process your claim for prescription drugs. Please complete the cardholder portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	<div style="border: 1px solid black; padding: 2px;"> R </div>			Physician Signature:		
PHYSICIAN COMPLETES						

Sunosi (solriamfetol)

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

How many tablets does the patient need per 90 days? _____ tablet(s) per 90

1. What is the patient's diagnosis?

☐ Excessive daytime sleepiness due to narcolepsy

a. Has the patient been on Sunosi continuously for the last **6 months, excluding samples**? ☐ Yes ☐ No*

***If NO**, please answer the following question:

i. Has the patient had an inadequate treatment response, intolerance, or contraindication to Provigil (modafinil) or Nuvigil (armodafinil)? ☐ Yes ☐ No*

***If NO**, has the patient had an inadequate treatment response, intolerance, or contraindication to a stimulant such as amphetamine, methylphenidate, or dexamethylphenidate? ☐ Yes ☐ No

☐ Excessive daytime sleepiness due to Obstructive Sleep Apnea (OSA)

a. Has the patient been on Sunosi continuously for the last **6 months, excluding samples**? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following question:

i. Has the patient been compliant with other standard OSA treatments (such as CPAP and oral appliances) for at least one month prior to initiating Sunosi? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following question:

i. Has the patient been compliant with other standard OSA treatments (such as CPAP and oral appliances)? ☐ Yes ☐ No

b. Will treatment for underlying airway obstruction be continued during treatment with Sunosi? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____

2. Does the prescriber agree to monitor the patient's blood pressure and heart rate? ☐ Yes ☐ No

3. Does the patient have end stage renal disease (ESRD)? ☐ Yes ☐ No

4. Has the patient been taking a MOAI (monoamine oxidase inhibitor) within the past 14 days? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST	Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA .
Phone (4-5 minutes for response)	The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 days for response)	Fax the attached form to (877)-378-4727 Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u>

faster... easier... better...	Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA . Sign up today!
	CVS/caremark 