

MODERATE TO SEVERE BINGE EATING DISORDER:

- Member has a diagnosis of moderate to severe binge eating disorder confirmed according to the current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria
- Member does not have ADHD and has documented history of therapeutic failure, contraindication or intolerance to at least 1 of the following: (medication, start date and end date)
 - Topiramate: _____
 - Selective Serotonin Reuptake Inhibitor (SSRI): _____
- Member has a documentation of a referral for cognitive behavioral therapy or other psychotherapy

NARCOLEPSY:

- Member has a diagnosis of narcolepsy confirmed according to the most recent consensus treatment guidelines (e.g. American Academy of Sleep Medicine International Classification of Sleep Disorders)

RENEWAL REQUESTS:

- Documentation of tolerability and experienced a positive clinical response to requested medication evidenced by: _____

IV. ADDITIONAL RATIONALE FOR REQUEST / PERTINENT CLINICAL INFORMATION :

Empty box for providing additional rationale or clinical information.

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:
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PA Department will respond via fax or phone within 24 hours.
Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)