



nidra<sup>®</sup>

For Restless Legs Syndrome

## Prescription Completion Guide

Everything you need to successfully complete a Nidra prescription form. For any questions, please contact [Rx@noctrixhealth.com](mailto:Rx@noctrixhealth.com) or call (866)EASE-RLS.





## Nidra Prescription Completion Guide

Attached is a reference guide to help your team submit a complete Nidra prescription. If you have any questions, please feel free to contact us, we're here to help!

**Fax the completed forms with signatures to 925-660-0115; or E-mail to [Rx@noctrixhealth.com](mailto:Rx@noctrixhealth.com).**

The **Nidra Prescription Checklist (below)** is a quick visual to help remember all of the important documents to submit with the prescription. The following pages show each completed document along with some helpful tips and tricks. If you have any trouble, just let us know!

### Nidra Prescription Checklist

Patient Name/ID: \_\_\_\_\_

- Nidra Prescription Form**
  - All required fields complete (reference highlighted fields in Complete Nidra Prescription example)
  - Signature included (e-signature is OK, but no stamps please)
- Patient Demographic Sheet**
- Patient Notes <6 months old**
  - Please make sure to include a medical record with the prescription
  - For Medicare patients, the most recent record must be within the last 6 months (prior to therapy start date)
  - Diagnosis of moderate – severe primary RLS
  - Documentation that iron deficiency has been excluded
  - Drug therapies tried and their effect

**Other nice to have items to expedite prescription processing:**

- Copy of the front and back of Patient Insurance Card(s):  
Primary and supplemental (if applicable)
- Last 3 office visit notes (ideally most recent visit within 6 months)
- Letter of medical necessity
- Physician justification for why this therapy could benefit this patient

**For Questions or Additional Information:  
(866) EASE-RLS or [Rx@NoctrixHealth.com](mailto:Rx@NoctrixHealth.com)**

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**Nidra Prescription Form**  
 • All required fields complete

**Overview:** The first page of the Nidra prescription is to be completed by the prescribing physician. Please complete all required fields highlighted below. The form must be signed by the prescriber (no stamps please).

### Nidra TOMAC® System Prescription Form

Fax the completed form with signature to 925-660-0115; or e-mail to Rx@noctrixhealth.com

**Patient Information**
Required Field

Patient Name:

Date of Birth:  Please check the appropriate box:  
 New Order     Renewal

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**Prescription Information**

Nidra Tonic Motor Activation™ (TOMAC®) system is comprised of: Two therapy units (one for each leg), charge dispersing interfaces and charging accessories.

ICD-10 Code:  G25.81     Other: \_\_\_\_\_ Diagnosis Description:

I prescribe the use of Nidra TOMAC, as described above, for a period of:  
 24 months     Other: \_\_\_\_\_ (for Medicare patients, please do not exceed 24 months)

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**Prescriber Information**
**Practice Information**

Prescriber Name (Last, First, Middle Initial)

NPI Number

E-mail

Practice or Clinic Name

Office Phone      
Office Fax

Office Address

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**Prescriber Only to Complete. Original Signature Required, No Stamps**

By signing and dating, I attest that I am prescribing Nidra TOMAC (DO NOT SUBSTITUTE) as medically necessary. I have read and understand all safety information and other instructions included with Nidra™ TOMAC.

Prescriber Signature:  Date (MM/DD/YYYY):

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**Order Information**

Treatment education, calibration and initiation of therapy will take place either in the patient's home, the prescriber's office, or a titration center. Upon completion of the education session, the patient may initiate treatment in the presence of Noctrix Health personnel.

Preferred Treatment Start Date (at least 5 business days from receipt of all required paperwork):

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For Questions or Additional Information: (866) EASE-RLS or Rx@NoctrixHealth.com

Please make sure all highlighted fields are complete.

If using "Other", please do not exceed 24 months.

Provide your clinic information here.

Please make sure this is the signature from the prescriber (e-signatures are ok). No stamps.



Scan here for prescription help.

## Patient Notes

Most recent within the last 6 months.

### Documentation recommendations

To expedite the approval process, please consider including the following documentation with the Nidra prescription:

#### Diagnosis of moderate – severe primary RLS

- Age of RLS onset
- Frequency of RLS symptoms
- IRLSSG score
- Location of RLS symptoms in limbs

#### Documentation that iron deficiency has been excluded

- Serum ferritin levels
- Documentation of iron supplementation if appropriate

#### Drug therapies tried and their effect

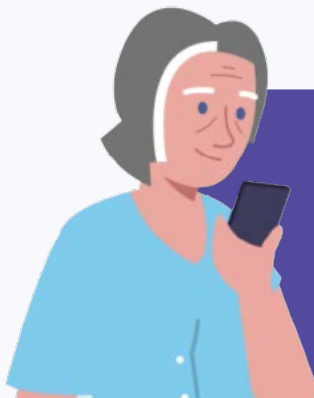
- Side effects, contraindications or intolerance

## Patient Demographic Sheet

- Please include a demographic sheet with the prescription.

### Other nice to have items to expedite prescription processing:

- Copy of the front and back of Patient Insurance Card(s):
- Primary and supplemental (if applicable)
- Last 3 office visit notes (ideally most recent visit within 6 months)
- Letter of medical necessity
- Physician justification for why this therapy could benefit this patient



#### Send completed forms to:

Fax: 925-660-0115

Email: [Rx@noctrixhealth.com](mailto:Rx@noctrixhealth.com)

#### Questions:

(866) EASE- RLS [Rx@NoctrixHealth.com](mailto:Rx@NoctrixHealth.com)