# PRIOR AUTHORIZATION CRITERIA

DRUG CLASS NARCOLEPSY AGENTS

BRAND NAME (generic)

PROVIGIL (modafinil)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

# **POLICY**

### **FDA-APPROVED INDICATIONS**

Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, or shift work disorder.

## Limitations of Use

In OSA, Provigil is indicated to treat excessive sleepiness and not as treatment for the underlying obstruction. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximal effort to treat with CPAP for an adequate period of time should be made prior to initiating and during treatment with Provigil for excessive sleepiness.

Compendial Uses/ Limited Treatment Option

Fatigue related to multiple sclerosis<sup>8,9</sup>

#### **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of narcolepsy AND the diagnosis is confirmed by sleep lab evaluation OR
- The patient has a diagnosis of Shift Work Disorder (SWD)

#### OR

 The patient has a diagnosis of obstructive sleep apnea (OSA) AND the diagnosis is confirmed by polysomnography

AND

 The patient has been receiving treatment for the underlying airway obstruction (e.g., continuous positive airway pressure [CPAP]) for at least one month

OR

The requested drug is being prescribed for multiple sclerosis-related fatigue

#### Quantity Limits Apply.

60 tablets/25 days\* or 180 tablets/75 days\*

\*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

#### **REFERENCES**

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Provigil PA with Limit 178-C, 2814-C Policy 04-2021

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