



**modafinil (Provigil®)
 armodafinil (Nuvigil®)
 Effective 04/17/19**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

N/A

Coverage Guidelines

Approval may be granted when the following drug specific criteria are met:

Modafinil

1. Patient has a diagnosis of narcolepsy **OR**
2. Patient has a diagnosis of excessive sleepiness associated with obstructive sleep apnea or hypopnea syndrome that has been confirmed by a sleep study AND is currently using CPAP **OR**
3. Patient has a diagnosis of ADD or ADHD **OR**
4. Patient has a diagnosis of fatigue associated with MS **OR**
5. Patient has a diagnosis of fatigue associated with chemotherapy **OR**
6. Patient has a diagnosis of excessive sleepiness associated with Parkinson’s disease

Armodafinil

1. Patient has a diagnosis of narcolepsy **OR**
2. Patient has a diagnosis of excessive sleepiness associated with obstructive sleep apnea or hypopnea syndrome that has been confirmed by a sleep study AND is currently using CPAP.

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.

Limitations

1. Approvals will be granted for the following:
 - a. Fatigue associated with chemotherapy – 12 months
 - b. Excessive sleepiness associated with Parkinson’s disease – 12 months
 - c. All other indications – 36 months
2. The following diagnoses are excluded from coverage:
 - a. Fatigue or sleepiness associated with traumatic brain injuries
 - b. excessive sleepiness associated with shift work sleep disorder
 - c. idiopathic hypersomnolence
 - d. fatigue or sleepiness associated with use of narcotic analgesics
 - e. cerebral palsy (spastic)
 - f. adjunctive treatment of depression

References

1. Provigil (modafinil) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA, Inc; November 2018.
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Review History

06/27/05 - Reviewed and Revised
04/24/06 - Reviewed
04/23/07 - Reviewed
04/28/08 - Reviewed and Revised
04/27/09 - Reviewed and Revised
04/26/10 - Reviewed and Revised
07/15/10 - Updated per MM/plan direction (stimulant trial for OSA/narcolepsy)
12/15/10 - Updated (disclaimer)
04/25/11 - Reviewed
05/17/11 - Updated (generic Concerta)
04/11/12 - Updated (modafinil generic; BART request ahead of drug file); removed long-acting stimulant trial
04/23/12 - Reviewed and Revised (modafinil trial for Nuvigil)
04/22/13 - Reviewed and Revised
04/28/14 - Reviewed
06/26/17 - Reviewed and Revised
04/17/19 - Reviewed

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