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

<table>
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<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Specialty Limitations</th>
<th>Specialty Medications</th>
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<tr>
<td>MassHealth</td>
<td>☒ Prior Authorization</td>
<td>Pharmacy Benefit</td>
<td>N/A</td>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
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<td>Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
<td>Medical Benefit (NLX)</td>
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<td>Non-Specialty Medications MassHealth Phone: 877-433-7643 Fax: 866-255-7569</td>
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<td>☐ Step Therapy</td>
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<td>Commercial Phone: 800-294-5979 Fax: 888-836-0730</td>
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<td>Exchange Phone: 855-582-2022 Fax: 855-245-2134</td>
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<td>Medical Specialty Medications (NLX) All Plans Phone: 844-345-2803 Fax: 844-851-0882</td>
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**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 hypersomnia
   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.
2. Nuvigil (armodafinil) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; November 2018.

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 (modafanil 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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