



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: modafinil

Brand Name: Provigil

Medication Class: antinarcotic

FDA Approved Uses: Narcolepsy
Shift Work Sleep Disorders (SWSD)
Adjunct to standard treatments for Obstructive Sleep Apnea (OSA)
Other Uses: Fatigue due to Multiple Sclerosis (MS)

Usual Doses: Narcolepsy: 100-200mg po twice daily
SWSD: 100-400mg one hour prior to the start of work shift
OSA: 100-400mg once daily
MS: 100-200mg once daily

Duration of Therapy: Indefinite

Criteria for all indications:

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must be prescribed by or recommended by a neurologist. (For sleep apnea, must be prescribed by or recommended by a neurologist or a pulmonary specialist.) Clinical notes of the specialist consult is required.

Criteria for Use: Narcolepsy: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed narcolepsy
- Failed/ intolerant to at least one formulary/preferred treatment, such as methylphenidate or dextroamphetamine, or a compelling rationale as to why these agents cannot be used.
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Criteria for Use: SWSD *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed shift work sleep disorder.
- Documentation of the patient work shift since the amount of doses will be based on the patient's work shift.
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Criteria for Use: OSA *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed obstructive sleep apnea
- Documentation that the patient has been compliant with continuous positive airway pressure (CPAP) for at least 2 months for at least 4 hours per night.
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Criteria for Use: Fatigue due to MS *(bullet points below are all inclusive unless otherwise noted)*



noted)

- Clinically diagnosed multiple sclerosis.
- Other causes for fatigue have been ruled out such as poor nighttime sleep patterns.
- Failed/ intolerant to amantadine or a compelling rationale as to why these agents cannot be used.

Contraindications:

- Hypersensitivity to Provigil.

Not approved if:

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of Provigil.
- Patient is less than 16 years old
- Being used for an off label use for any other indication than specified in the above criteria for approval and shall be considered investigational.

Investigational uses at this time, but are not limited to, include the following and will not be covered:

- Use in children under 16 years of age.
- Use in ADHD for children and adults.
- Hypersomnia
- Bipolar Disorder
- Mood Disorder
- Drug-induced sedation
- Depression



P&T Approval: _____ Date: _____