



**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 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.

**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)*

- 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: \_\_\_\_\_