



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Nuvigil® (Armodafinil)
Provigil® (Modafinil)
[Prior Authorization Request Form](#)

Prior authorization requests for Nuvigil and Provigil will be approved for Narcolepsy if the following criteria are met:

- 1) Patient is sixteen (16) years of age or older; **AND**
- 2) Completion of a sleep study and confirmed diagnosis of narcolepsy conducted by a physician who is a sleep specialist.

Prior authorization requests for Nuvigil and Provigil will be approved for Sleep Apnea/Hypopnea Syndrome if the following criteria are met:

- 1) Patient is sixteen (16) years of age or older; **AND**
- 2) Diagnosis of excessive sleepiness associated with obstructive sleep apnea or hypopnea syndrome, if
 - a. Patient has had a sleep study and diagnosis is confirmed by a sleep specialist physician; **AND**
 - b. Patient is compliant with Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP) device and meets the criteria for Medicaid coverage of CPAP and/or BiPAP device; **AND**
 - c. Other medications used by the patient have been reviewed by the prescribing physician. Sedating medications should be discontinued if possible; **AND**
 - d. Score of at least ten (10) on the Epworth Daytime Sleepiness Scale.

Prior authorization requests for Nuvigil and Provigil will be approved for Shift Work Disorder if the following criteria are met:

- 1) Patient is sixteen (16) years of age or older; **AND**
- 2) Score of at least ten (10) on the EPWORTH Sleepiness Scale and other reasons for excessive somnolence have been ruled out; **AND**
- 3) The patient's condition interferes with employment that requires shift work.



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



Prior authorization requests for Nuvigil and Provigil will be approved for MS Fatigue if the following criteria are met:

- 1) The patient has a fatigue severity scale (FSS) of 5.0; **AND**
- 2) The patient has had a trial of a preferred stimulant without a desirable therapeutic response; **AND**
- 3) Medications that may contribute to drowsiness and fatigue, such as opiates and sedatives, have been discontinued; **AND**
- 4) Approvals will be for a three (3) month period with re-evaluation of the effectiveness of therapy by the prescriber every three (3) months.

*Review and Approved
DUR Board 02/2010*

v2010.1b