## **PRIOR AUTHORIZATION CRITERIA**

DRUG CLASS NARCOLEPSY AGENTS

BRAND NAME	PROVIGIL
(generic)	(modafinil)

Status: Client Requested Criteria Type: Initial Prior Authorization

Ref # C10438-A

CRITE	RIA FOR APPROVAL		
1	Does the patient have a diagnosis of narcolepsy confirmed by sleep lab evaluation? [If yes, then no further questions.]	Yes	No
2	Does the patient have a diagnosis of Shift Work Disorder (SWD)? [If yes, then no further questions.]	Yes	No
3	Does the patient have a diagnosis of obstructive sleep apnea (OSA) confirmed by polysomnography? [If yes, then no further questions.]	Yes	No
4	Does the patient have a diagnosis of idiopathic hypersomnia confirmed by polysomnography? [If yes, then no further questions.]	Yes	No
5	Does the patient have a diagnosis of fatigue associated with multiple sclerosis (MS)?	Yes	No

Mapping Instruction			
	Yes	No	
1.	Approve, 12 months	Go to 2	
2.	Approve, 12 months	Go to 3	
3.	Approve, 12 months	Go to 4	
4.	Approve, 12 months	Go to 5	
5.	Approve, 12 months	Deny	

## **REFERENCES**

1. NCSHP Prior Authorization Approval Policy

Written by:UM Development (JG)Date Written:04/2017Revised:Reviewed:Reviewed:Medical Affairs (ME) 05/2017

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The Participating Group signed below hereby accepts and adopts as its own the criteria for use with Prior Authorization, as administered by CVS Caremark.

Signature

Date

**Client Name**