



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Provigil (modafinil)

Page: 1 of 4

Effective Date: 3/17/2023

Last Review Date: 3/2/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Provigil (modafinil) under the patient's prescription drug benefit.

Description:

Provigil (modafinil) is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, or shift work disorder.

Limitations of Use

In obstructive sleep apnea (OSA), Provigil (modafinil) is indicated to treat excessive sleepiness and not as treatment for the underlying obstruction. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximal effort to treat with CPAP for an adequate period of time should be made prior to initiating and during treatment with Provigil (modafinil) for excessive sleepiness.

Compendial Uses/Limited Treatment Option

Fatigue related to multiple sclerosis^{8,9}

Idiopathic hypersomnia⁶

Applicable Drug List:

Modafinil

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of narcolepsy
AND
 - The request is for continuation of therapy
AND
 - The patient had a positive response to treatment
OR
 - The requested drug is being prescribed by, or in consultation with, a sleep specialist
AND
 - The diagnosis is confirmed by sleep lab evaluation
- The patient has a diagnosis of shift work disorder (SWD)
AND



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- The request is for continuation of therapy
AND
- The patient had a positive response to treatment
AND
- The patient is still a shift-worker

OR

- The requested drug is being prescribed by, or in consultation with, a sleep specialist
AND
- A sleep log and actigraphy monitoring have been completed for at least 14 days and show a disrupted sleep and wake pattern
AND
- Symptoms have been present for 3 or more months

OR

- The patient has a diagnosis of obstructive sleep apnea (OSA)

AND

- The request is for continuation of therapy
AND
- The patient had a positive response to treatment
AND
- The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP)

OR

- The requested drug is being prescribed by, or in consultation with, a sleep specialist
AND
- The diagnosis has been confirmed by polysomnography
AND
- The patient has been receiving treatment for the underlying airway obstruction (continuous positive airway pressure [CPAP] or bilevel positive airway pressure [BIPAP]) for at least one month
AND
- Treatment with continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) will continue

OR

- The requested drug is being prescribed for idiopathic hypersomnia

AND

- The request is for continuation of therapy
AND
- The patient had a positive response to treatment

OR



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- The requested drug is being prescribed by, or in consultation with, a sleep specialist
AND
- The patient has experienced the presence of daytime lapses into sleep or daily irrepressible periods of need to sleep for at least 3 months
AND
- Insufficient sleep syndrome has been ruled out such as by lack of improvement of sleepiness after an adequate trial of increased nocturnal time in bed, preferably confirmed by at least a week of sleep log with wrist actigraphy
AND
- A multiple sleep latency test (MSLT) documented fewer than two sleep onset rapid eye movement periods (SOREMPs) or no SOREMPs if the REM latency on the preceding polysomnogram was less than or equal to 15 minutes
AND
- Sleep lab evaluation showed at least ONE of the following: A) mean sleep latency on multiple sleep latency test (MLST) of less than or equal to 8 minutes, B) total 24-hour sleep time of greater than or equal to 660 minutes on 24-hour polysomnographic monitoring after correcting any chronic sleep deprivation or by wrist actigraphy in association with a sleep log and averaged over at least 7 days of unrestricted sleep
AND
- The patient does not have cataplexy
AND
- Hypersomnolence or multiple sleep latency test (MSLT) results are not better explained by ANY of the following: A) another sleep disorder, B) other medical or psychiatric disorder, C) use of drugs or medications
-

OR

- The requested drug is being prescribed for multiple sclerosis-related fatigue

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 60 tablets/25 days* or 180 tablets/75 days*

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

References:

1. Provigil [package insert]. North Wales, Pennsylvania: Teva Pharmaceuticals USA, Inc.; November 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed January 26, 2022.



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