AETNA BETTER HEALTH®
Non-Formulary Prior Authorization guideline for Provigil® (modafinil)

Authorization guidelines
For patients who have the following:

1. Documentation for use in excessive daytime sleepiness associated with narcolepsy when the patient meets the following criteria:
   a. Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as the MSLT and clinical progress notes. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage),
   AND
   b. The patient has failed an adequate trial of at least ONE of the following formulary alternatives (all available generically):
      i. Dextroamphetamine (Dexedrine)
      ii. Methylphenidate (Ritalin)
      iii. Mixed Amphetamines (Adderall)

OR

2. Documentation for use in excessive daytime sleepiness associated with OSAHS when the patient meets the following criteria:
   a. The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, AND
   b. A Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, AND
   c. The patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, AND
   d. CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, AND
   e. The daytime fatigue is significantly impacting, impairing, or compromising the patient’s ability to function normally, AND
   f. The prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, AND
   g. Patients must be compliant with recommendations for OSAHS treatment.

OR

3. Covered for the diagnosis of Shift Work Sleep Disorder (SWSD).

Authorization and Limitations
Initial Approval: 1 year
Extended Approval: 3 years
**Quantity Limit:** 1 tablet/day for all strengths and generic equivalents.

**Additional Information:**
Provigil is NOT covered for members with the following criteria:
- Use not approved by the FDA; **AND**
- The use is unapproved and not supported by the literature or evidence as an accepted off-label use.

**Medically Necessary** — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member’s family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.
References: