

MODAFINIL

GPI CODING:

614000240003** (generic only, brand PROVIGIL is non-formulary)

DESCRIPTION:

Modafinil is a wakefulness-promoting agents for oral administration used to treat excessive sleepiness. Armodafinil is the R-enantiomer of modafinil (PROVIGIL®) which is a mixture of the R- and S-enantiomers. In addition to its wake-promoting effects and ability to increase locomotor activity in animals, modafinil produces psychoactive and euphoric effects, alterations in mood, perception, thinking, and feelings typical of other CNS stimulants in humans. The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for modafinil. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR MODAFANIL

- I. Patient had a trial and inadequate treatment response with Nuvigil OR an adverse drug event with a trial of Nuvigil
AND
- II. Patient has a diagnosis of narcolepsy confirmed by multiple sleep latency test (MLST) with mean sleep latency of less than 10 minutes with documented rapid eye movement sleep (REM) during at least 2 naps
OR
- III. Patient has a diagnosis of Obstructive Sleep Apnea-Hypopnea syndrome confirmed by the following:
 - A. Patient has Epworth Sleepiness score ≥ 10 , despite treatment with continuous positive airway pressure (CPAP) **AND**
 - B. Patient has excessive sleepiness or insomnia with the following:
 1. Frequent episodes of impaired breathing during sleep **AND**
 2. Associated features (must specify at least one symptom)
 - i. Loud Snoring
 - ii. Morning headaches
 - iii. Dry mouth upon awakening**OR**
 3. Polysomnography demonstrating more than 5 obstructive apneas, each greater than 10 seconds in duration, per hour of sleep with one or more of the following (please specify):
 - i. Frequent arousals from sleep
 - ii. Bradytachycardia
 - iii. Arterial oxygen desaturation**OR**
- IV. Patient has Shift-work Sleep Disorder (SWSD) confirmed by ALL of the following:
 - A. Patient has excessive sleepiness or insomnia associated with a work period that occurs during the usual sleep phase

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- B. Symptoms occur over at least one month;
 - C. No other medical disorder or mental disorder accounts for the symptoms;
Symptoms do not meet criteria for any other sleep disorder (i.e. Jet lag)