

**Coverage of any drug intervention discussed in the plans prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

Commercial (Small & Large Group)       ASO       Exchange/ACA  
 Medicare Advantage (MAPD)

**PROVIGIL (modafinil)**

**PA9910**

**Covered Service:** Yes

**Prior Authorization Required:** Yes

**Additional Information:** Requires prior authorization through Navitus.

**Medicare Policy:** Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug is provided by participating providers. Prior authorization is required if a member has Medicare primary and the plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**Wisconsin Medicaid Policy** Coverage of prescription drug benefits is administered by the Wisconsin Medicaid program. Coverage of medical drug benefits is administered by the Wisconsin Medicaid fee-for-service program. Medical drugs not paid on a fee-for-service basis by the Wisconsin Medicaid program are covered by the plan with no PA required.

**Plan Approved Criteria:**

- 1.0 The treatment of narcolepsy or idiopathic hypersomnolence
- 2.0 The treatment of CLOZARIL induced fatigue
- 3.0 The treatment of fatigue associated with MS
- 4.0 The treatment of sleepiness in members with Obstructive Sleep Apnea Hypopnea Syndrome utilizing CPAP or BiPAP
- 5.0 Treatment of excessive sleepiness associated with shift work disorder
- 6.0 Treatment of certain unique off label diagnosed medical condition(s) are approvable:
  - 6.1 ADHD

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6.2 Fatigue from chemotherapy

6.3 Parkinson's Disease

**6.4 All other off-label uses are not approvable**

**Comment(s):**

1.0 If approved, coverage allowed for lifetime (subject to formulary changes).

2.0 **NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.**

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<b>Committee/Source</b>	<b>Date(s)</b>
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