

Medicare Part D – 2011**Prior Authorization Group Description**

NUVIGIL

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:**

NARCOLEPSY: Confirmed diagnosis of narcolepsy (chart note documentation of the following is required): Sleep disturbance is not due to the direct physiological effects of a substance (e.g. drug of abuse, medication) or another general medical condition AND The presence of EITHER: Cataplexy, accompanied by irresistible attacks of refreshing sleep that occur daily over at least 3 months OR Polysomnogram indicating or suggesting narcolepsy, including at least one of the following: Sleep latency less than 10 minutes, REM sleep latency less than 20 minutes (presence of a sleep-onset REM period), Multiple Sleep Latency Test demonstrates mean sleep latency of less than 5 minutes PLUS two or more sleep-onset REM periods.

OBSTRUCTIVE SLEEP APNEA/HYPOPNEA SYNDROME (OSAHS): Presence of residual ES defined as an Epworth Sleepiness Scale score of 10 or greater AND Documentation that the patient has been on Continuous Positive Airway Pressure for at least 2 months and using it on average greater than 4 hours per night. OSAHS REAUTHORIZATION: Authorized if patient continues on CPAP on average greater than 4 hours/night while on Provigil.

SHIFT WORK SLEEP DISORDER (SWSD): Confirmed diagnosis of SWSD (chart note documenting ALL of the following is required): Patient has a primary complaint of insomnia or excessive sleepiness, Primary complaint is temporally associated with a work period (usually night work) that occurs during the habitual sleep phase, Sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, Sleep disturbance does not occur exclusively during the course of another sleep disorder or other mental disorder, Sleep disturbance is not due to the direct physiological effects of a substance (e.g. drug of abuse, medication) or general medical condition, Patient is symptomatic for at least 3 months. SWSD REAUTHORIZATION: Authorized with chart note documentation of continuous therapeutic response.

Age Restrictions:**Prescriber Restrictions:****Coverage Duration:**

12 months to length of benefit.

Other Criteria: