

Medicare Part D – 2015**Prior Authorization Group Description**

NUVIGIL

Covered Uses:

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

Exclusion Criteria:**Required Medical Information:**

NARCOLEPSY: Confirmation of the following: 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, 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 excessive sleepiness defined as an Epworth Sleepiness Scale score of 10 or greater. SHIFT WORK SLEEP DISORDER (SWSD): Confirmation of all the following: Patient has a primary complaint of insomnia or excessive sleepiness, Primary complaint is temporally associated with a work period 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. MAINTENANCE REQUESTS: Continuation requests of covered uses will be approved.

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

Length of Benefit.

Other Criteria:

Proprietary

Last Updated: 09/14/15