

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

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

NUVIGIL (armodafinil)**PA9876**

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—cap the dose of armodafinil at 200mg daily
- 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

Individual and family products in Missouri underwritten by Medica Central Insurance Company. Individual and family products in Illinois, and Medicare Advantage policies in Missouri and Illinois, are provided by Medica Central Health Plan. Third-party administration services provided by Dean Health Service Company, LLC. All products, policies and services are branded as Medica.

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- 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
 - 6.2 Fatigue from chemotherapy
 - 6.3 Parkinson's Disease
 - 6.4 **All other off-label uses are not approvable**

Comment(s):

- 1.0 Authorization duration of lifetime (subject to formulary changes)
- 2.0 No coverage to treat children under 16 years old.
- 3.0 Daily quantity greater than one tablet per day requires prior authorization.
- 4.0 **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.**

	Committee/Source	Date(s)
Document Created:	Utilization Management Committee/ Medical Affairs/ Navitus P&T Committee	February 10, 2010
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	Medical Policy Committee/Quality and Care Management/Pharmacy Services	July 20, 2016
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	Medical Policy Committee/Quality and Care Management Division/Pharmacy Services	July 18, 2018
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(formerly WellFirst Health)

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Medical Director Committee/Medical Affairs/Pharmacy Practice Leader	May 16, 2012
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