

Program: Provigil

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Provigil prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Applicable lines of business

RlteCare and Managed Pharmacy

Formulary

Provigil

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: 12 months

APPROVAL CRITERIA

I. Requests for Provigil may be approved if the patient meets the following criteria:

A. Patient has had an inadequate treatment response to or adverse event with a trial of Nuvigil

Look Back Criteria in Claims System

365 day look back for a 5 days supply of Nuvigil; if yes, approve, if no, reject for PA