STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Narcoleptic Agents
Nuvigil® (Armodafinil), Provigil® (Modafinil), Sunosi® (Solriamfetol)

Prior Authorization Request Form

Nuvigil® (Armodafinil), Provigil® (Modafinil) criteria for approval for the following indications:

Narcolepsy

1) Patient is sixteen (16) years of age or older; **AND**
2) Completion of a sleep study and confirmed diagnosis of narcolepsy conducted by a physician who is a sleep specialist.

Sleep Apnea/Hypopnea Syndrome

1) Patient is sixteen (16) years of age or older; **AND**
2) Diagnosis of excessive sleepiness associated with obstructive sleep apnea or hypopnea syndrome, if
   a. Patient has had a sleep study and diagnosis is confirmed by a sleep specialist physician; **AND**
   b. Patient is compliant with Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP) device and meets the criteria for Medicaid coverage of CPAP and/or BiPAP device; **AND**
   c. Other medications used by the patient have been reviewed by the prescribing physician. Sedating medications should be discontinued if possible; **AND**
   d. Score of at least ten (10) on the Epworth Daytime Sleepiness Scale.

Shift Work Disorder

1) Patient is sixteen (16) years of age or older; **AND**
2) Score of at least ten (10) on the EPWORTH Sleepiness Scale and other reasons for excessive somnolence have been ruled out; **AND**
3) The patient's condition interferes with employment that requires shift work.

MS Fatigue

1) The patient has a fatigue severity scale (FSS) of 5.0; **AND**

2) The patient has had a trial of a preferred stimulant without a desirable therapeutic response; **AND**
3) Medications that may contribute to drowsiness and fatigue, such as opiates and sedatives, have been discontinued; **AND**
4) Approvals will be for a three (3) month period with re-evaluation of the effectiveness of therapy by the prescriber every three (3) months.

Sunosi® (Solriamfetol) criteria for approval for the following indications:

Narcolepsy

1) Patient is 18 years of age or older; **AND**

2) Completion of a sleep study and confirmed diagnosis of narcolepsy conducted by a physician who is a sleep specialist.

Sleep Apnea/Hypopnea Syndrome

1) Patient is 18 years of age or older; **AND**

2) Diagnosis of excessive sleepiness associated with obstructive sleep apnea hypopnea syndrome, if

a. Patient has had a sleep study and diagnosis is confirmed by a sleep specialist physician; **AND**

b. Patient is compliant with Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BiPAP) device and meets the criteria for Medicaid coverage of CPAP and/or BiPAP device; **AND**

c. Other medications used by the patient have been reviewed by the prescribing physician. Sedating medications should be discontinued if possible; **AND**

d. Score of at least ten (10) on the Epworth Daytime Sleepiness Scale.

References:

1. Lexicomp Clinical application: Nuvigil, Provigil, Sunosi accessed 11/2023.
2. Uptodate: Clinical presentation of sleep apnea in adults accessed 11/2023.