

Clinical Pharmacy Program Guidelines for PROVIGIL[®]

Program	Prior Authorization
Medication	PROVIGIL

1. Background:

Drugs Requiring Prior Authorization

MODAFINIL 100 MG TABLET	PROVIGIL 100 MG TABLET
MODAFINIL 200 MG TABLET	PROVIGIL 200 MG TABLET

2. Coverage Criteria:

A. Authorization Criteria

1. The patient is at least 16 years of age.

Authorization will be issued for 365 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program