**NUVIGIL REQUESTS WILL BE REDIRECTED TO SUBMIT FOR PROVIGIL***

**INDICATION:** (All testing should have been approved in the past 90 days for initiation of therapy.)

- **Narcolepsy**
  - Approval is based upon the clinical interpretation of either of these tests, Multiple Sleep Latency, or Maintenance of Wakefulness. Please submit the physician’s clinical interpretation of either test.

- **Obstructive Sleep Apnea/Hypopnea Syndrome**
  - Approval is based upon the clinical interpretation of either Multiple Sleep Latency/Maintenance of Wakefulness Test, or Psychomotor Vigilance Task, or Steer Clear Performance AND concurrent use of Continuous Positive Airway Pressure, CPAP with significant compliance. Please submit the physician’s clinical interpretation of either battery of tests. In addition, please submit documentation of usage of CPAP.

- **Shift Work Sleep Disorder**
  - Approval is based upon the clinical interpretation of either Multiple Sleep Latency/Maintenance of Wakefulness Test, and the patient’s night shift work schedule. (provided by the patient’s supervisor)

**DOSAGE:**

<table>
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<tr>
<th>Provigil</th>
<th>__________mg</th>
<th>Q</th>
<th>______Hrs</th>
<th>for</th>
<th>__________Months</th>
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**REQUIRED FOR REVIEW:** Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.
Approved Indications: (All testing should have been approved in the past 90 days for initiation of therapy.)

Narcolepsy –
Diagnosis supported by clinical testing and a physician’s interpretation of these tests confirming the diagnosis.

Obstructive Sleep Apnea/Hypopnea Syndrome –
This syndrome being confirmed by clinical testing, a physician’s interpretation of the tests supporting the diagnosis, and the confirmation of the patient’s concurrent use of CPAP.

Shift Work Sleep Disorder –
This disorder being confirmed by a physician's interpretation of clinical testing and documentation by the patient’s supervisor of at least 10 night shifts worked out of the past 30 days.

Approval Period:
Maximum of 12 months.