

MODAFINIL POWDER

Pre - PA Allowance

None

Prior-Approval Requirements

Age 16 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Narcolepsy
2. Idiopathic or Primary Hypersomnia
3. Multiple Sclerosis (MS) Fatigue
4. Shift Work Sleep Disorder (SWSD) - Irregular sleep/wake rhythm
5. Excessive sleepiness due to obstructive sleep apnea (OSA) **AND ONE** of the following:
 - a. Compliant with other standard OSA treatments (such as CPAP and oral appliances)
 - b. CPAP therapy is contraindicated
 - c. Standard OSA treatments found to be ineffective after history of compliant use

AND ALL of the following:

1. The requested dosage form is for oral use only
2. The requested strength is **NOT** commercially available

Prior - Approval Limits

Quantity 600 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above