

## MODAFINIL POWDER

### Pre - PA Allowance

None

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### 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

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### Prior – Approval *Renewal* Requirements

Same as above

### Prior - Approval *Renewal* Limits

Same as above