

## 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 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

## Prior - Approval Limits

### Quantity

Medication	Daily Dosing Limits
Provigil	600 mg per day <b>OR</b>
Nuvigil	300 mg per day

**Duration** 12 months

---

## Prior – Approval *Renewal* Requirements

Same as above

## Prior – Approval *Renewal* Limits

Same as above