

Priority Health Medicare Prior Authorization Criteria (Part D)

Armodafinil

Products affected

- Armodafinil

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For diagnosis of narcolepsy and obstructive sleep apnea, confirmation of diagnosis by polysomnography.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A