Pharmacy Policy Bulletin

Category:	Prior Authorization
Number:	J-7
Subject:	Provigil (modafinil) & Nuvigil (armodafinil)- Commercial Only
Effective Date Begin:	December 2, 2009
Effective Date End:	
Original Date:	September 1, 1999
Review Date(s):	December 2, 2009 May 20, 2009 May 21, 2008 May 16, 2007 May 17, 2006 May 18, 2005 December 1, 2004 December 3, 2003 August 20, 2003 August 1, 2001

Policy Applies to: *Commercial* plans only

Background:
Modafinil (Provigil®) and armodafinil (Nuvigil®) are schedule IV controlled substances that are FDA approved for the use in the treatment of excessive daytime sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS) who are compliant with continuous positive airway pressure (CPAP) therapy, and in shift work sleep disorder. Modafinil and armodafinil are not indicated for the reduction of daytime sleepiness associated with multiple sclerosis, Parkinson's disease, Alzheimer's disease, depression, or idiopathic hypersomnia. Additionally, modafinil and armodafinil are not approved to counteract the sedating properties of other medications.

The FDA advisory panel has recommended that modafinil only be used for OSAHS in patients who are compliant with continuous positive airway pressure (CPAP) therapy and that modafinil be used as an adjunctive, not replacement therapy. The committee has also urged that modafinil only be used in patients who truly suffer from shift work sleep disorder (SWSD), and not be used in those patients who are just sleepy.

Several studies have been conducted in the treatment of OSAHS. Study participants had undergone multiple sleep latency testing (MSLT) or maintenance of wakefulness test (MWT) and were CPAP compliant but remained drowsy throughout much of the day. Patients with severe OSA were excluded from these studies. The trials indicated that modafinil helped maintain wakefulness but did not effect CPAP use, the primary pathology of sleep-disordered breathing, or nighttime sleep (sleep duration, sleep efficiency, and the percentage of time in REM and non-Rem stages).

Many of the studies evaluating modafinil in the treatment of SWSD have only been published in abstract form. Modafinil has been shown to improve measures associated with excessive sleepiness (activity level, vigilance, general productivity) in patients with SWSD. However, there is little evidence of consistent results of modafinil improving physical functioning, general health, mental health, or social functioning of patients with SWSD. Modafinil has not been shown to affect sleep efficiency, sleep latency, number of

awakenings, sleep duration, or sleep stages. Another study did show a statistical difference in increasing sleep latency when compared to placebo, although the difference in time (1.7 minutes) is not likely to be clinically significant.

There is limited and conflicting data evaluating the use of modafinil in the treatment of fatigue associated with multiple sclerosis. There is even less data evaluating the use of modafinil for the treatment of depression or Parkinson's disease. These later studies are limited to mostly uncontrolled trials and several case reports. All of these studies are small in sample size and have a short duration, which make the results difficult to extrapolate.

Approval Criteria: When a benefit, modafinil/armodafinil may be approved when all of the following are met:

1. Modafinil/armodafinil are recommended to be prescribed under the supervision of a neurologist or sleep specialist ***AND***
2. Modafinil/armodafinil are to be used in the treatment of documented narcolepsy by a MSLT or other appropriate testing ***OR***
3. Modafinil/armodafinil are to be used in the treatment of fatigue associated with multiple sclerosis ***OR***
4. Modafinil/armodafinil are to be used as an adjunctive treatment of obstructive sleep apnea / hypopnea syndrome (OSAHS) with obstructive apneas documented by objective polysomnographic testing in patients who must be currently receiving and compliant with continuous positive airway pressure (CPAP) therapy.

Coverage for armodafinil will be granted only after the documented trial and failure of modafinil, when prescribed for an approved indication.

Modafinil and armodafinil will not be covered for the use in SWSD or any other diagnosis not listed above. Coverage for modafinil and armodafinil will not be approved when the main purpose is to counteract the sedating effects of another medication.

Duration of Authorization:

If approved, authorization should be granted for a period of up to one year for the diagnosis of sleep apnea. Up to a lifetime authorization may be granted for all other approvable diagnoses.

References:

1. Provigil® (modafinil) prescribing information. Cephalon, Inc. West Chester, PA. April 2004.
2. Provigil® (modafinil) Supplemental NDA. Briefing document for peripheral and central nervous system drugs advisory committee meeting, September 25, 2003.
3. Kingshott RN, Vennelle M, Coleman EL, et al. Randomized, double blind, placebo controlled crossover trial of modafinil in the treatment of residual excessive daytime sleepiness in the sleep apnea/hypopnea syndrome. Am J Respir Crit Care Med. 2001;163:918-23.
4. Black JE, Douglas NJ, Earl CQ. Efficacy and safety of modafinil as adjunctive therapy for excessive sleepiness associated with obstructive sleep apnea. (abstract 030J). Sleep. 2002;25:A22-23.
5. Harsh J, Feldman NT, Wellmand J, et al. Modafinil does not affect nighttime sleep in patients with obstructive sleep apnea (abstract 033J). Sleep. 2002;25:A25.
6. Czeisler CA, Dinges DF, Walsh JK, et al. Modafinil for the treatment of excessive sleepiness in chronic shift work sleep disorder (abstract 0281E). Sleep. 2003;26:A114.
7. Dinges DF, Wright KP, Walsh JK, et al. Modafinil improves psychomotor vigilance performance in shift work sleep disorder (abstract 0215C). Sleep. 2003;26:A87.
8. Czeisler CA, et al. Absence of detectable effect of modafinil on daytime sleep after a simulated nightshift in SWSD (abstract 028E.E). Sleep. 2003;26:A115.
9. Stankoff B, Waubant E, Confavreux C, et al. Modafinil for fatigue in MS, a randomized placebo-controlled double-blind study. Neurology. 2005;64:1139-43.

10. Rammohan KW, Rosenberg JH, Lynn DJ, et al. Efficacy and safety of modafinil (Provigil) for the treatment of fatigue in multiple sclerosis: a two centre phase 2 study. J Neurol Neurosurg Psychiatry. 2002;72(2):179-83.
11. Zifko UA, Rupp M, Schwars S, et al. Modafinil in treatment of fatigue in multiple sclerosis. Results of an open-label study. J Neurol. 2002;249(8):983-7.
12. DeBattista, Doghramji K, Menza MA et al. Adjunct modafinil for the short-term treatment of fatigue ans sleepiness in patients with major depressive disorder: a preliminary double-blind, placebo-controlled study. J Clin Psychiatry. 2003;64:1057-64.
13. Fava M, Thase ME, DeBattista. A multicenter, placebo controlled study of modafinil augmentation in partial responders to selective serotonin reuptake inhibitors with persistent fatigue and sleepiness. J Clin Psychiatry. 2005;66:85-93.
14. Adler CH, Caviness JN, Hentz JG et al. Randomized trial of modafinil for treating subjective daytime sleepiness in patients with Parkinson's disease. 2003;18(3):287-93.
15. Nieves AV and Lang AE. Treatment of excessive daytime sleepiness in patients with Parkinson's disease with modafinil. Clin Neuropharmacol. 2002;25(2):111-4.
16. Nuvigil ® (armodafinil) prescribing information. Cephalon, Inc. West Chester, PA. March 2009

View Previous Versions

[Version 009 of J-7]
[Version 008 of J-7]
[Version 007 of J-7]
[Version 006 of J-7]
[Version 005 of J-7]
[Version 004 of J-7]
[Version 003 of J-7]
[Version 002 of J-7]
[Version 001 of J-7]
