AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Nuvigil (armodafinil)	Page:	1 of 3
Effective Date:	10/24/2023	Last Review Date:	10/24/2023

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☐Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☐Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Nuvigil (armodafinil) under the patient's prescription drug benefit.

Description:

Nuvigil (armodafinil) is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD).

Limitations of Use
In OSA, Nuvigil (armodafinil) is indicated to treat excessive sleepiness and not as treatment for the underlying obstruction. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximal effort to treat with CPAP for an adequate period of time should be made prior to initiating Nuvigil (armodafinil) for excessive sleepiness.

Applicable Drug List:

Armodafinil

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of narcolepsy
  AND
  - The request is for continuation of therapy
    AND
  - The patient had a positive response to treatment

  OR
  - The requested drug is being prescribed by, or in consultation with, a sleep specialist
    AND
  - The diagnosis is confirmed by sleep lab evaluation

OR

- The patient has a diagnosis of shift work disorder (SWD)
  AND
  - The request is for continuation of therapy
    AND
  - The patient had a positive response to treatment
    AND

- The patient is still a shift-worker

OR

- The requested drug is being prescribed by, or in consultation with, a sleep specialist
  AND
- A sleep log and actigraphy monitoring have been completed for at least 14 days and shows a disrupted sleep and wake pattern
  AND
- Symptoms have been present for 3 or more months

OR

- The patient has a diagnosis of obstructive sleep apnea (OSA)
  AND
  - The request is for continuation of therapy
    AND
  - The patient had a positive response to treatment
    AND
  - The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP)

  OR

  - The requested drug is being prescribed by, or in consultation with, a sleep specialist
    AND
  - The diagnosis has been confirmed by polysomnography
    AND
  - The patient has been receiving treatment for the underlying airway obstruction (continuous positive airway pressure [CPAP] or bilevel positive airway pressure [BIPAP]) for at least one month
    AND
  - Treatment with continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) will continue

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Nuvigil (armodafinil) 50 mg: 60 tablets / 25 days* or 180 tablets / 75 days*
- Nuvigil (armodafinil) 150 mg, 200 mg, 250 mg: 30 tablets / 25 days* or 90 tablets / 75 days*

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

References:

1. Nuvigil [package insert]. Parsippany, NJ: Teva Pharmaceuticals; December 2022.
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3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 02/27/2023).
4. Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med*. 2017;13(3):479-504.
5. Epstein LJ, Kristo D, Strollo PJ, et al. Clinical Guidelines for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. *J Clin Sleep Med*. 2009:5(3):263-276.
6. American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3rd edition. Darien, IL: American Academy of Sleep Medicine, 2014.
7. Sateia MJ. International Classification of Sleep Disorders- Third Edition: Highlights and Modifications. *CHEST*. 2014;146(5):1387-1394.
8. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2021;17(9):1881-1893.
9. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment. *J Clin Sleep Med*. 2021;17(9):1895-1945.