

## armodafinil (Nuvigil)

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

### Summary

Armodafinil (Nuvigil) was FDA approved in 2007 and is a wakefulness-promoting agent used in narcolepsy, obstructive sleep apnea, and shift work sleep disorder.

Narcolepsy is a sleep disorder characterized by excessive sleepiness, daytime sleepiness, and, in some cases, cataplexy (sudden, uncontrollable muscle weakness). Treatment of narcolepsy can involve both non-pharmacologic therapy (such as practicing good sleep hygiene or psychosocial support) and medications.

Obstructive sleep apnea (OSA) is a condition in which breathing repeatedly starts and stops during sleep due to an obstruction in the upper airway. There are many risk factors for OSA including old age, male gender, and obesity. Treatment of OSA can be treated with non-pharmacologic therapy such as weight loss, continuous positive airway pressure (CPAP), oral appliances (such as mandibular advancement devices), and surgery. Drug therapy is also an option for treating OSA. Pharmacologic strategies include increasing respiratory drive and reducing airway collapsibility. Patients who have OSA may

experience interrupted sleep during the night and, therefore, may experience excessive sleepiness during the day. Treatment for residual excessive sleepiness caused from OSA includes wakefulness-promoting agents such as modafinil and armodafinil.

Shift Work Sleep disorder develops in people who work during the hours typically used for sleep (such as the night shift). A night shift worker, for example, usually works during the night and has to sleep during the day, but will often try to stay awake during daylight on their days off. Also, working at night and sleeping during the day disrupts one's circadian rhythm, which is an internal, biological process that responds to environmental factors. For example, the body will naturally be awake and alert during daylight and want to sleep when it's dark. Therapy for Shift Work Sleep disorder includes practicing good sleep hygiene (i.e., having a sleep schedule, blocking out light), improving daytime sleep with the use of melatonin or sleep agents, and improving wakefulness when awake (with a medication such as armodafinil).

## Definitions

**"Actigraphy"** is a device worn on the wrist (like a watch) that measures activity and rest levels.

**"Continuous positive airway pressure (CPAP)"** is a device that supplies continuous air pressure into the lungs.

**"Hypocretin-1"** is a natural chemical in the brain that helps regulate wakefulness.

**"Mandibular advancement device"** is a medical device that is placed in the mouth and aids in keeping the airways open during sleep.

**"Multiple sleep latency test (MSLT)"** is a sleep study used to measure the time it takes to fall asleep during the daytime.

**"Polysomnography (PSG)"** is a sleep study used to diagnose sleep disorders by measuring certain components such as brain activity, oxygen levels, heart rate, breathing, eye movements, and leg movements.

**"Sleep latency"** is the amount of time it takes to fall asleep.

### Medical Necessity Criteria for Initial Authorization

The Plan considers armodafinil medically necessary when when the ALL the following criteria are met for the applicable indication listed below:

#### For the treatment of narcolepsy

1. The member is 17 years of age or older; **AND**
2. The member has a diagnosis of narcolepsy confirmed by Multiple Sleep Latency Test (MSLT) or Cerebrospinal fluid (CSF) hypocretin-1 laboratory test; **AND**
3. The member has daily periods of excessive daytime sleepiness occurring for at least three months.

#### For the treatment of Obstructive Sleep Apnea (OSA)

1. The member is 17 years of age or older; **AND**
2. The member has a diagnosis of obstructive sleep apnea, confirmed by polysomnography or a home sleep apnea test; **AND**
3. The member is currently using conventional therapy and has been adherent to such therapy, including ONE of the following:
  - a. Positive Airway Pressure Therapy (such as CPAP); **or**
  - b. Oral Appliances (such as mandibular advancement devices)

#### For the treatment of Shift Work Sleep Disorder (SWSD)

1. The member is 17 years of age or older; **AND**
2. The member has a diagnosis of Shift Work Sleep Disorder; **AND**
3. Non-pharmacological therapies have been tried and failed, such as setting a sleep schedule and improving sleep hygiene.

If the above prior authorization criteria are met, armodafinil will be approved for 12 months.

### Medical Necessity Criteria for Reauthorization:

Reauthorization for 12 months will be granted if BOTH of the following are met:

1. the member still meets the applicable initial criteria; **AND**
2. chart documentation shows the member has experienced a clinical improvement in symptoms since starting armodafinil, as evidenced by a reduction in the symptoms of excessive daytime sleepiness.

### Experimental or Investigational / Not Medically Necessary

Armodafinil for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

### References

1. American Academy of Sleep Medicine. International Classification of Sleep Disorders: Diagnostic and Coding Manual. 3rd ed. Darien, IL: American Academy of Sleep Medicine; 2014.
2. Epstein LJ, Kristo D, Strollo PJ Jr, et al. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009;5(3):263-76.
3. Kryger MH, Malhotra A. Management of obstructive sleep apnea in adults. UpToDate.com. [https://www.uptodate.com/contents/management-of-obstructive-sleep-apnea-in-adults?search=osa&source=search\\_result&selectedTitle=2~150&usage\\_type=default&display\\_rank=2](https://www.uptodate.com/contents/management-of-obstructive-sleep-apnea-in-adults?search=osa&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2) Updated April 01, 2020. Accessed July 07, 2020.
4. Morgenthaler TI, Kapur VK, Brown T, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin. Sleep. 2007;30(12):1705-11.
5. Morgenthaler TI, Lee-Chiong T, Alessi C, et al. Practice Parameters for the Clinical Evaluation and Treatment of Circadian Rhythm Sleep Disorders. Sleep. 2007;30(11):1445-59.
6. Nuvigil (armodafinil) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA Inc; July 2019.

### Clinical Guideline Revision / History Information

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