Clinical Policy: Modafinil (Provigil)

Reference Number: PA.CP.PMN.39
Effective Date: 01/18
Last Review Date: 04/19

Coding Implications
Revision Log

Description
Modafinil (Provigil®) is a wakefulness-promoting agent.

FDA approved indication
Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with:

- Narcolepsy
- Obstructive sleep apnea (OSA)
- Shift work disorder (SWD)

Limitation(s) of use: In OSA, Provigil 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 and during treatment with Provigil for excessive sleepiness.

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness® that Provigil is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Narcolepsy (must meet all)**:**

1. Diagnosis of narcolepsy;
2. Age ≥ 17 years;
3. Failure of a 1-month trial of one of the following central nervous system (CNS) stimulants at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced: amphetamine immediate-release (IR), amphetamine; dextroamphetamine IR, dextroamphetamine, or methylphenidate IR,;
   **Prior authorization may be required for CNS stimulants*
4. Failure of ≥ 1 month trial of armodafinil (Nuvigil) at up to maximally indicated doses, unless clinically significant side effects are experienced;
   **Prior authorization may be required for armodafinil*
5. Dose does not exceed 400 mg/day.

Approval duration: 12 months

B. Obstructive Sleep Apnea/Hypopnea Syndrome (OSAHS) (must meet all)**:**

1. Diagnosis of obstructive sleep apnea;
2. Age ≥ 17 years;

3. Documented evidence of residual sleepiness despite compliant CPAP use as monotherapy;
4. Failure of ≥ 1 month trial of armodafinil (Nuvigil) at up to maximally indicated doses, unless clinically significant side effects are experienced;
   **Prior authorization may be required for armodafinil*
5. Dose does not exceed 400 mg/day.

Approval duration: 12 months

C. Shift Work Disorder (SWD) (must meet all)**:**

1. Diagnosis of shift work disorder;
2. Age ≥ 17 years;
3. Failure of ≥ 1 month trial of armodafinil (Nuvigil) at up to maximally indicated doses, unless clinically significant side effects are experienced;
   **Prior authorization may be required for armodafinil*
4. Dose does not exceed 200 mg/day.

Approval duration: 12 months

D. Fatigue Associated with Multiple Sclerosis (MS) (must meet all)**:**

1. Diagnosis of MS-associated fatigue;
2. Age ≥ 17 years;
3. Failure of 200 mg/day of amantadine and ≥ 10 mg/day of methylphenidate, one of which must be within the last 6 months, unless contraindicated or clinically significant adverse effects are experienced;
4. Failure of ≥ 1 month trial of armodafinil (Nuvigil) at up to maximally indicated doses, unless clinically significant side effects are experienced;
   **Prior authorization may be required for armodafinil*
5. Dose does not exceed 400 mg/day.

Approval duration: 12 months

E. Other diagnoses/indications

1. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care Policy, PA.LTSS.PHAR.01, applies;
2. Documentation of positive response to therapy;
3. If request is for a dose increase, new dose does not exceed:
   a. Narcolepsy, OSA, and MS-associated fatigue: 400 mg/day;
   b. SWD: 200 mg/day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care Policy, PA.LTSS.PHAR.01, applies; or
2. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CNS: central nervous system
CPAP: continuous positive airway pressure
FDA: Food and Drug Administration
MS: multiple sclerosis
OSA: obstructive sleep apnea
OSAHS: obstructive sleep apnea/hypopnea syndrome
SWD: shift work disorder
IR: immediate-release

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Evekeo® (amphetamine)	**Narcolepsy** 5 to 60 mg/day PO in divided doses	60 mg/day
amphetamine/ dextroamphetamine (Adderall®)		
dextroamphetamine ER (Dexedrine® Spansule®)		
dextroamphetamine IR (Zenzedi®, Procentra®)		
methylphenidate IR (Ritalin®, Methylin®)	**Narcolepsy** 10 to 60 mg/day PO in 2 to 3 divided doses **MS-related fatigue**† Usual effective dose: 10-20 mg PO QAM and noon	60 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
amantadine (Symmetrel®)	**MS-related fatigue†** 200 mg PO once daily or 100 mg PO twice daily	200 mg/day
armodafinil (Nuvigil®)	**Narcolepsy and OSA** 150 mg to 250 mg PO once a day **SWD** 150 mg PO once a day as a single dose approximately 1 hour prior to the start of work shift **MS-related fatigue†** 150 mg PO every morning	250 mg/day for narcolepsy and OSA/HS; 150 mg/day circadian rhythm disruption.

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
†Off-label indication

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): known hypersensitivity to modafinil or armodafinil
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Narcolepsy Obstructive sleep apnea	200 mg orally once a day as a single dose in the morning	400 mg/day
Shift work disorder	200 mg orally once a day as a single dose approximately 1 hour prior to the start of work shift	200 mg/day
MS-associated fatigue†	200 mg orally once daily in the morning	400 mg/day

†Off-label indication

VI. Product Availability
Tablets: 100 mg and 200 mg

VII. References
1. Provigil Prescribing Information. North Wales, PA: Teva Pharmaceuticals USA, Inc.; November 2018. Available at: https://dailymed.nlm.nih.gov/dailymed/. Accessed February 26, 2019.

2. Morgenthaler TI, Kapur VK, Brown T, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin An American Academy of Sleep Medicine Report: An American Academy of Sleep Medicine Report. Sleep. 2007;30(12):1705-1711.
3. 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 Jun 15;5(3):263-76.
4. Morgenthaler TI, Lee-Chiong T, Alessi C, et al. Practice Parameters for the Clinical Evaluation and Treatment of Circadian Rhythm Sleep Disorders: An American Academy of Sleep Medicine Report. Sleep. 2007;30(11):1445-1459.
5. Billiard M, Dauvilliers Y, Dolenc-Groselj L, Lammers GJ, Mayer G, Sonka K. Management of narcolepsy in adults. In: Gilhus NE, Barnes MP, Brainin M, editor(s). European handbook of neurological management. 2nd ed. Vol. 1. Oxford (UK): Wiley-Blackwell; 2011. p. 513-28. [118 references]
6. Management of MS-Related Fatigue. Expert Opinion Paper. National Multiple Sclerosis Society; 2006. http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/Opinion-Paper-Management-of-MS-Related-Fatigue.pdf.
7. Braley TJ; Chervin RD. Fatigue in multiple sclerosis: mechanisms, evaluation, and treatment. SLEEP 2010;33(8):1061-1067.
8. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at: http://www.clinicalpharmacology-ip.com/.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
2Q 2018 annual review modified initial approval duration from 6 months to 12 months; Narcolepsy and MS-related fatigue: removed timeframe of trial within the last 6 months; references reviewed and updated.	01.16.18	
2Q 2019 annual review: references reviewed and updated.	04.17.19	