Clinical Policy: Armodafinil (Nuvigil), Modafinil (Provigil)

Reference Number: CP.CPA.105
Effective Date: 11.16.16
Last Review Date: 11.17 Revision Log
Line of Business: Medicaid – Medi-Cal

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Armodafinil (Nuvigil®) and modafinil (Provigil®) are central nervous system stimulants. Armodafinil is the R-enantiomer of modafinil.

FDA approved indication
Armodafinil (Nuvigil) and modafinil (Provigil) are indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea (OSA), and shift work disorder.

Limitation of use: In OSA, Nuvigil and Provigil are indicated to treat excessive sleepiness and not as treatment for the underlying obstruction.

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

It is the policy of health plans affiliated with Centene Corporation® that Nuvigil and Provigil **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

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

1. Confirmed diagnosis of one of the following:
   a. Narcolepsy;
   b. Obstructive Sleep Apnea (OSA);
   c. Shift Work Disorder (SWD);
   d. Multiple Sclerosis-related Fatigue;
2. For Provigil requests, failure or clinically significant adverse effects to Nuvigil;
3. Dose does not exceed: Nuvigil – 250 mg/day; Provigil – 400 mg/day.

Approval duration: Length of benefit

B. Other diagnoses/indications:

1. Refer to 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 Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. Dose does not exceed: Nuvigil – 250 mg/day; Provigil – 400 mg/day.

Approval duration: Length of benefit

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

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to CP.PMN.53 if diagnosis is NOT specifically listed under section (Diagnoses/Indications for which coverage is NOT authorized).

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 – CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
OSA: Obstructive Sleep Apnea
SWD: Shift Work Disorder

Appendix B: General Information

- Nuvigil is the R-enantiomer of Provigil. The apparent terminal half-life of Nuvigil is approximately 15 hours. For comparison, the effective elimination half-life of Provigil after multiple doses is also 15 hours.
- Excessive Daytime Sleepiness (EDS) associated with Parkinson's disease (PD): The literature supporting the use of Provigil for this indication consists of 2 randomized trials and one open-label study, all with small sample sizes and improvement in mostly subjective scales of sleepiness. One additional randomized trial found that Provigil did not significantly improve EDS compared to placebo. Based on the available data, the routine use of Provigil for the treatment of EDS associated with PD is not supportable at this time.
- Cephalon filed a sNDA for modafinil for the treatment of ADHD under the brand name of Sparlon®. The FDA deemed the medication non-approvable for the treatment of ADHD in children and adolescents up to 17 years of age due to safety concerns over high rates of serious adverse dermatological reactions.
- Overall results of studies evaluating the use of Provigil for ADHD support the efficacy of Provigil for this indication, especially in pediatric patients. However, due to the potential for serious rash, and especially in light of the FDA's no-approval of Sparlon citing this as one of the reasons, the routine use of Provigil for ADHD cannot be endorsed at this time.
- For depression: The lack of data supporting the use of Provigil for depression is consistent with findings from two evidence-based review articles, both of which state that there are "mixed findings". The author of one review assigns Provigil a "C" level of evidence with a caveat for level "B" evidence for SSRI non-responders with fatigue and/or hypersomnolence.

- Provigil's warning section contains a bolded warning that reads in part, "Modafinil is not approved for use in pediatric patients for any indication." Pediatric is later defined as less than 17 years of age.
- Nuvigil's warning section states, "Armodafinil has not been studied in pediatric patients in any setting and is not approved for use in pediatric patients for any indication." Pediatric is later defined as less than 17 years of age.

Appendix C: Therapeutic Alternatives

Drug	Dosing Regimen	Dose Limit/Maximum Dose
Amphetamine salts (Adderall®)	Narcolepsy: 5-60 mg PO QD	60 mg
Methylphenidate (Ritalin®, Methylin®, Ritalin SR®)	Narcolepsy: 10-60 mg PO QD	60 mg
Dextroamphetamine (Dexedrine®, Dextrostat®, Dexedrine Spansule®)	Narcolepsy: 5-60 mg PO QD	60 mg

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.

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Modafinil (Provigil)	Narcolepsy, Obstructive sleep apnea, Shift work disorder.	200 mg PO QD	400 mg/day
Modafinil (Provigil)	MS Fatigue	100-200 mg PO QD	400 mg/day
Armodafinil (Nuvigil)	Narcolepsy, Obstructive sleep apnea, MS Fatigue.	150-250 mg PO QD	250 mg/day
Armodafinil (Nuvigil)	Shift work disorder	150 mg PO QD	250 mg/day

VI. Product Availability

Drug	Availability
Nuvigil	Tablets: 50 mg, 150 mg, 200 mg, 250 mg
Provigil	Tablets: 100 mg, 200 mg

VII. References

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new template. Minor changes to verbiage and grammar. References updated.	03.17.17	11.17

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.