

Program: Nuvigil (armodafanil)

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for the prior authorization of benefits (PAB) for Nuvigil (armodafanil), prior to inclusion as a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system. Nuvigil is subject to more than one program. Please refer to the overlapping program (listed under Comments) section to ensure appropriate and complete overrides are entered.

Applicable lines of business

RlteCare and Managed Pharmacy

Formulary

Nuvigil (armodafanil) 50 mg, 150mg, 250mg tablets

Quantity Limits may apply

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: 1 year

APPROVAL CRITERIA

Nuvigil requests may be approved based on the following criteria:

I. Diagnosis of Narcolepsy confirmed by multiple sleep latency test (MSLT) with mean sleep latency of less than 10 minutes with documented rapid eye movement sleep (REM) during at least 2 naps; **OR**

II. Diagnosis of Obstructive Sleep Apnea-Hypopnea syndrome confirmed by the following:

A. Patient has Epworth Sleepiness score ≥ 10 , despite treatment with continuous positive airway pressure (CPAP) **AND**

B. Patient has excessive sleepiness or insomnia with the following:

1. Frequent episodes of impaired breathing during sleep **AND**

2. Associated features (must specify at least one symptom)

- Loud Snoring
- Morning headaches
- Dry mouth upon awakening

OR

3. Polysomnography demonstrating more than 5 obstructive apneas, each greater than 10 seconds in duration, per hour of sleep with one or more of the following (please specify):

- Frequent arousals from sleep
- Bradytachycardia
- Arterial oxygen desaturation

III. Shift-work Sleep Disorder (SWSD) confirmed by ALL of the following:

- A. Patient has excessive sleepiness or insomnia associated with a work period that occurs during the usual sleep phase; **AND**
- B. Symptoms occur over at least one month; **AND**
- C. No other medical disorder or mental disorder accounts for the symptoms;
AND
- D. Symptoms do not meet criteria for any other sleep disorder (i.e. Jet lag);

Look Back Criteria in Claims System

Not applicable