# PRIOR AUTHORIZATION CRITERIA

DRUG CLASS

NARCOLEPSY AGENTS

BRAND NAME (generic)

NUVIGIL (armodafinil)

Status: CVS Caremark Criteria Type: Initial Prior Authorization

## POLICY

### **FDA-APPROVED INDICATIONS**

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

In OSA, Nuvigil 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 for excessive sleepiness. If Nuvigil is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary.

### **COVERAGE CRITERIA**

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

- The patient has a diagnosis of narcolepsy confirmed by sleep lab evaluation
- OR
- The patient has a diagnosis of Shift Work Disorder (SWD)
- OR
- The patient has a diagnosis of obstructive sleep apnea (OSA) confirmed by polysomnography

### **REFERENCES**

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