



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Armodafinil

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Effective Date: 5/28/2025

Last Review Date: 5/2025

Applies to:  Illinois  
 Michigan

New Jersey  
 Pennsylvania Kids

Maryland  
 Virginia

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for armodafinil under the patient's prescription drug benefit.

### Description:

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

### Limitations of Use

In OSA, Armodafinil 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 Armodafinil for excessive sleepiness.

### Applicable Drug List:

Armodafinil

### Policy/Guideline:

#### Coverage Criteria

Note: All requests require that the patient is unable to take modafinil for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication.

#### Narcolepsy

Authorization may be granted for a diagnosis of excessive sleepiness associated with narcolepsy when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist.
- The diagnosis is confirmed by sleep study.

#### Obstructive Sleep Apnea (OSA)

Authorization may be granted for a diagnosis of excessive sleepiness associated with obstructive sleep apnea (OSA) when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist.
- The diagnosis has been confirmed by polysomnography or home sleep apnea test (HSAT) with a technically adequate device.
- The patient has been receiving treatment for the underlying airway obstruction (continuous positive airway pressure [CPAP] or bilevel positive airway pressure [BIPAP]) for at least one month.



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- The patient will continue to use CPAP or BIPAP after the requested drug is started.

#### Shift Work Disorder (SWD)

Authorization may be granted for a diagnosis of excessive sleepiness associated with shift work disorder (SWD) when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist.
- A sleep log and actigraphy monitoring have been completed for at least 14 days and show a disrupted sleep and wake pattern.
- Symptoms have been present for 3 or more months.

#### **Continuation of Therapy**

##### Narcolepsy

Authorization may be granted for a diagnosis of excessive sleepiness associated with narcolepsy when the following criteria is met:

- The patient has achieved or maintained a positive response to treatment from baseline.

##### Obstructive Sleep Apnea (OSA)

Authorization may be granted for a diagnosis of excessive sleepiness associated with obstructive sleep apnea (OSA) when ALL of the following criteria are met:

- The patient has achieved or maintained a positive response to treatment from baseline.
- The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP).

##### Shift Work Disorder (SWD)

Authorization may be granted for a diagnosis of excessive sleepiness associated with shift work disorder (SWD) when ALL of the following criteria are met:

- The patient has achieved or maintained a positive response to treatment from baseline.
- The patient is still a shift-worker.

#### **Approval Duration and Quantity Restrictions:**

**Approval:** 12 months



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### Quantity Level Limit:

- Nuvigil (armodafinil) 50 mg: 60 tablets per 30 days
- Nuvigil (armodafinil) 150 mg, 200 mg, 250 mg: 30 tablets / 30 days

### References:

1. Nuvigil [package insert]. Parsippany, NJ: Teva Pharmaceuticals; December 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed November 25, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 11/19/2024).
4. Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med*. 2017;13(3):479-504.
5. Epstein LJ, Kristo D, Strollo PJ, et al. Clinical Guidelines for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. *J Clin Sleep Med*. 2009;5(3):263-276.
6. American Academy of Sleep Medicine. International Classification of Sleep Disorders, Third Edition, Text Revision. American Academy of Sleep Medicine, 2023.
7. Sateia MJ. International Classification of Sleep Disorders- Third Edition: Highlights and Modifications. *CHEST*. 2014;146(5):1387-1394.
8. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(9):1881-1893.
9. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment. *J Clin Sleep Med*. 2021;17(9):1895-1945.