



# Prescriber Brochure

Important Information for Physicians

Questions about  
NUVIGIL or PROVIGIL?

Contact Cephalon Medical Services Department at 1-800-896-5855.

## About the medications



**NUVIGIL® (armodafinil) is the R-isomer of racemic modafinil, which is marketed as PROVIGIL® (modafinil).**

NUVIGIL and PROVIGIL are wake-promoting agents indicated to improve wakefulness in patients with excessive sleepiness associated with obstructive sleep apnea (OSA), shift work disorder (SWD), or narcolepsy. In OSA, NUVIGIL and PROVIGIL are indicated as adjuncts to standard treatment(s) for the underlying obstruction.

If continuous positive airway pressure (CPAP) is the treatment of choice, the encouragement of and periodic assessment of CPAP compliance is necessary and a maximal effort to treat with CPAP for an adequate period of time should be made prior to initiating NUVIGIL or PROVIGIL. Careful attention to the diagnosis and treatment of the underlying sleep disorder(s) is important. Prescribers should be aware that some patients may have more than one sleep disorder contributing to their excessive sleepiness.

Please see accompanying Full Prescribing Information.

## About this brochure

A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks. This brochure is part of the REMS program for NUVIGIL and PROVIGIL and is designed to assure that healthcare professionals:

- Are aware of the **risk of serious skin rash and other hypersensitivity reactions** in patients, particularly pediatric patients, treated with NUVIGIL or PROVIGIL.
- Have particular and specific information regarding those risks.
- Are prepared to communicate those risks to patients.

### What you should know:

- **NUVIGIL and PROVIGIL are not approved for use in pediatric patients for any indication.** Data from clinical trials with modafinil suggest that the risk of serious skin reactions may be higher in the pediatric population.
- NUVIGIL or PROVIGIL should ordinarily be discontinued at the first sign of rash, unless the rash is clearly not related to the medication.
- Patients should be advised to discontinue NUVIGIL or PROVIGIL and immediately report to their physician any signs or symptoms suggesting angioedema or anaphylaxis.
- NUVIGIL or PROVIGIL should be discontinued if a multi-organ hypersensitivity reaction is suspected.

If you receive a report of rash or other potential hypersensitivity reaction, please notify Cephalon immediately through our Medical Services Department at 1-800-896-5855.

# Important information for physicians regarding NUVIGIL and PROVIGIL

## Serious Rash, including Stevens-Johnson Syndrome

Serious rash requiring hospitalization and discontinuation of treatment has been reported in adults in association with the use of NUVIGIL (armodafinil) and PROVIGIL (modafinil) and in children in association with the use of PROVIGIL.

In clinical trials of modafinil, the incidence of rash resulting in discontinuation was approximately 0.8% (13 per 1,585) in pediatric patients; these rashes included 1 case of possible Stevens-Johnson Syndrome (SJS) and 1 case of apparent multi-organ hypersensitivity reaction. Several of the cases were associated with fever and other abnormalities. No serious skin rashes have been reported in adult clinical trials of modafinil. Rare cases of serious or life-threatening rash, including SJS, Toxic Epidermal Necrolysis (TEN) and Drug Rash with Eosinophilia and Systemic Symptoms (DRESS) have been reported, postmarketing, in adults and children taking modafinil. NUVIGIL or PROVIGIL should ordinarily be discontinued at the first sign of rash unless the rash is clearly not drug-related.

No serious skin rashes were reported in adult clinical trials (0 per 1,595) of armodafinil. However, cases of serious rash similar to those observed with modafinil including skin and mouth blistering have been reported in adults in postmarketing experience.

**NUVIGIL and PROVIGIL are not approved for use in pediatric patients for any indication.**

## Angioedema and Anaphylactoid Reactions

One serious case of angioedema and one case of hypersensitivity (with rash, dysphagia, and bronchospasm), were observed among 1,595 patients

treated with armodafinil. Patients should be advised to discontinue therapy and immediately report to their physician any signs or symptoms suggesting angioedema or anaphylaxis (e.g., swelling of face, eyes, lips, tongue or larynx; difficulty in swallowing or breathing; hoarseness).

## Multi-organ Hypersensitivity Reactions

Multi-organ hypersensitivity reactions, including at least one fatality in postmarketing experience, have occurred in close temporal association (median time to detection 13 days: range 4-33) to the initiation of modafinil. A similar risk of multi-organ hypersensitivity reactions with armodafinil cannot be ruled out.

Although there have been a limited number of reports, multi-organ hypersensitivity reactions may result in hospitalization or be life-threatening.

There are no factors that are known to predict the risk of occurrence or the severity of multi-organ hypersensitivity reactions associated with modafinil. Signs and symptoms of this disorder were diverse; however, patients typically, although not exclusively, presented with fever and rash associated with other organ system involvement. Other associated manifestations included myocarditis, hepatitis, liver function test abnormalities, hematological abnormalities (e.g., eosinophilia, leukopenia, thrombocytopenia), pruritus, and asthenia. Because multi-organ hypersensitivity is variable in its expression, other organ system symptoms and signs, not noted here, may occur.

If a multi-organ hypersensitivity reaction is suspected, NUVIGIL or PROVIGIL should be discontinued. Although there are no case reports to indicate cross-sensitivity with other drugs that produce this syndrome, the experience with drugs associated with multi-organ hypersensitivity would indicate this to be a possibility.

Please see accompanying Full Prescribing Information.

## Questions?

**Contact Cephalon Medical Services Department at 1-800-896-5855.**

# What to communicate to your patients

## Ensure your patients:

### 1. Understand the risks

- NUVIGIL and PROVIGIL carry the potential for serious skin rash and other hypersensitivity reactions, such as Stevens-Johnson Syndrome (SJS), Toxic Epidermal Necrolysis (TEN) and Drug Rash with Eosinophilia and Systemic Symptoms (DRESS).
- NUVIGIL and PROVIGIL should not be used in patients who have previously experienced a serious skin rash or other hypersensitivity reaction to either of these medications.

### 2. Identify the signs and symptoms

- Look for signs and symptoms of serious skin reactions, such as rash, hives, sores in mouth, blistering and peeling of skin.
- Know the signs and symptoms that may be suggestive of angioedema or anaphylaxis, such as swelling of the face, eyes, lips, tongue or throat, or trouble swallowing or breathing.
- Recognize the signs and symptoms of multi-organ hypersensitivity.

### 3. Discontinue use immediately, if warranted

- Although benign rashes occur with NUVIGIL and PROVIGIL, it is not possible to reliably predict which rashes will prove to be serious.
- Accordingly, NUVIGIL or PROVIGIL should ordinarily be discontinued at the first sign of rash, unless the rash is clearly not drug-related.
- Discontinuation of treatment may not prevent a rash from becoming life-threatening or permanently disabling or disfiguring.
- If a multi-organ hypersensitivity reaction is suspected, NUVIGIL or PROVIGIL should be discontinued.

### 4. Seek immediate medical attention, if warranted

**If a patient experiences a rash, other hypersensitivity reaction, or any adverse event, please contact Cephalon Medical Services Department at 1-800-896-5855.**