ABOUT YOUR MEDICINE

Armodafinil

Nuvigil, a longer-lasting wake-promoting medicine that is not a stimulant

This medicine keeps you awake and alert through the day, and it holds up better into the late afternoon.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Narcolepsy, apnea, shift work	Once in the morning	First day, within 2 hours	Low risk; controlled medicine

This medicine carries **no special FDA safety warning** of that kind.

WHAT THIS MEDICINE DOES

- **Armodafinil** is the longer-lasting half of modafinil, so more of it is still around in the afternoon and evening.
- It is approved for adults with narcolepsy, leftover sleepiness despite treated sleep apnea, and shift work sleepiness.
- In sleep apnea it is only an add-on. Your breathing machine is the actual treatment and this does not replace it.
- It promotes wakefulness without the rush and crash of an amphetamine, and it is not approved for children.

HOW TO TAKE IT

- Take it once in the morning for narcolepsy or sleep apnea. For shift work, take it about **1 hour** before the shift.
- Food pushes the peak back by a couple of hours. Pick with-food or without-food and then stay consistent day to day.
- Do not take it late in the day to catch up. Higher evening levels are exactly what keeps people awake all night.
- It comes in several tablet sizes, so your prescriber can fine-tune it. Never split or adjust tablets on your own.
- Store it at room temperature away from damp, keep it out of reach of children, and request refills about a week ahead.

WHAT TO EXPECT

- You should notice more alertness on the **first day**, usually within about **2 hours** of taking it.
- It reaches full steady effect after about a week, so give it that long before judging how well it is doing.
- Working well looks like getting through the afternoon without a sleep attack and without feeling jittery.
- Evening insomnia is the most common complaint, precisely because this one lasts longer than modafinil does.
- It manages sleepiness rather than curing it. Sleep schedule, naps, and apnea treatment still carry a lot of the load.

COMMON SIDE EFFECTS

- Headache is the most common effect, in roughly **1 in 6** people, and it usually eases over the first couple of weeks.
- Nausea and dry mouth are common. A small breakfast with the dose and steady sips of water take care of most of it.
- Feeling anxious, wound up, or dizzy can happen. Cutting back on coffee and energy drinks helps more than people expect.
- Trouble sleeping at night is common with this one. Tell your prescriber rather than adding an over-the-counter sleep aid.
- Blood pressure and heart rate can nudge upward, so plan to have them checked, especially if you already treat either.
- Some people notice less appetite. Keep to regular meals so you are not running on nothing by the end of a shift.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Any new rash means stop the medicine and get seen the **same day**, before it has a chance to spread.
- Peeling or blistering skin, sores in the mouth or eyes, or a rash with fever: go to the emergency room now.
- Swelling of the face, lips, or tongue, or trouble breathing or swallowing: call **911** immediately.
- New or worse thoughts of ending your life, or days with racing thoughts and no sleep: call or text **988** today.

WHAT TO AVOID

- Hormonal birth control can fail while you take this and for **1 month** afterward, so add condoms or another method.
- That warning covers pills, the patch, the vaginal ring, the shot, and the implant. None of them are fully reliable here.
- Alcohol undoes what this is for and adds to dizziness and poor judgment. It is best left out while you are on it.
- It changes the levels of other medicines, including seizure medicines, some transplant medicines, and heartburn pills.
- Avoid it during pregnancy unless there is truly no alternative, since birth defects have been reported with this family.

STOPPING IT SAFELY

- No taper is needed. When you stop, sleepiness returns within a day or two, but there is no withdrawal illness.
- Keep the backup birth control going for a **full month** after your last tablet, because the interaction lingers.
- Do not adjust or stop it on your own. If the sleepiness is not controlled, your prescriber has other approaches.
- If you had to stop it because of a rash, note that permanently and tell every prescriber. It should not be restarted.

QUESTIONS TO ASK

- Am I getting enough hours on my breathing machine before we add a wake-promoting medicine?
- What backup birth control do you recommend during and after this?
- How late in the day is too late for me to take this?
- Which of my current medicines need watching or a level check?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.