ABOUT YOUR MEDICINE

Modafinil

Provigil, a wake-promoting medicine that is not a stimulant

This medicine helps you stay awake and alert during the day when a sleep disorder keeps pulling you under.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Narcolepsy, apnea, shift work	Once in the morning	First day, in 2 to 4 hours	Low risk; controlled medicine

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

WHAT THIS MEDICINE DOES

- **Modafinil** promotes wakefulness through a different route than stimulants, so it is gentler and less likely to cause a crash.
- It is approved for adults with narcolepsy, leftover sleepiness with sleep apnea, and sleepiness from shift work.
- With sleep apnea it is an add-on only. It never replaces your CPAP machine, which is what actually treats the apnea.
- It fights the sleepiness, not the cause. It also does not replace real sleep, which your body still needs.

HOW TO TAKE IT

- For narcolepsy or sleep apnea, take it once in the morning. For shift work, take it about **1 hour** before the shift starts.
- Food is fine but slows it by about an hour, so take it the same way each day rather than switching back and forth.
- If you forget a morning dose and it is already afternoon, skip it. A late dose will keep you awake when you want to sleep.
- Swallow the tablet whole with water, and store it at room temperature away from moisture and out of reach of children.
- It is a controlled medicine, so refills are not automatic. Ask for the next prescription about a week before you run out.

WHAT TO EXPECT

- Most people feel more awake on the **first day**, usually **2 to 4 hours** after the dose, and it lasts most of the day.
- Working well means fewer sleep attacks and a day you can get through, not feeling revved up or wired.
- It does not cure sleepiness. Good sleep timing, treating apnea, and planned naps still do a lot of the work.
- If it is not enough after a few weeks, tell your prescriber. More is not always better with this medicine.
- When you stop, the sleepiness comes back within a day or so. That is the condition returning, not withdrawal.

COMMON SIDE EFFECTS

- Headache is by far the most common effect, in about **1 in 3** people. It often fades after the first week or two.
- Nausea, dry mouth, or loose stools can happen. Taking it with a small breakfast and sipping water through the day helps.
- Feeling anxious, edgy, or restless is common early. Cutting back on coffee makes a real difference for many people.
- Trouble falling asleep at night usually means the dose is too late in the day. Ask about moving it earlier.
- Some people notice a small rise in blood pressure, so your prescriber will check it, especially if you already treat it.
- Appetite may dip a little. Keep regular meals rather than skipping and then eating one large late one.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Any new rash is an emergency until proven otherwise: stop the medicine and get seen the **same day**.
- Blisters, peeling skin, mouth or eye sores, or a rash with fever: go to the ER now.
- Swelling of the lips, tongue, or throat, or trouble breathing or swallowing: call **911**.
- New or worse thoughts of hurting yourself, or racing thoughts and no need to sleep: call or text **988** or call today.

WHAT TO AVOID

- Hormonal birth control becomes less reliable on this medicine and stays less reliable for **1 month** after you stop it.
- That covers the pill, the patch, the ring, the shot, and the implant. Use condoms or another nonhormonal method too.
- Alcohol works against what this medicine is for and adds to the dizziness. Keep it minimal or skip it entirely.
- It changes the levels of many other medicines, including seizure medicines, blood thinners, and heartburn pills.
- Avoid it in pregnancy if there is any other option, since birth defects have been reported. Talk this over before trying.

STOPPING IT SAFELY

- No taper is needed. Stopping does not cause a withdrawal illness, though the daytime sleepiness comes back quickly.
- Keep using backup birth control for a **full month** after the last dose, because the interaction outlasts the medicine.
- Do not stop or change the amount on your own. If it is not working, your prescriber has other options to try.
- If you stopped because of a rash, say so at every future visit. This medicine should not be restarted after that.

QUESTIONS TO ASK

- Is my sleep apnea treatment working well enough on its own before we add this?
- What birth control should I use while taking this and for the month after?
- Which of my other medicines will this change the level of?
- What exactly should I do if I notice a rash on a weekend?

Where this information comes from

American Academy of Sleep Medicine. (2024). *Narcolepsy*. Sleep Education. https://sleepeducation.org/sleep-disorders/narcolepsy/

National Heart, Lung, and Blood Institute. (2022). *Insomnia*. National Institutes of Health. https://www.nhlbi.nih.gov/health/insomnia

National Institute of Mental Health. (2023). *Mental health medications*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/mental-health-medications

U.S. National Library of Medicine. (2024). *DailyMed*. National Institutes of Health. https://dailymed.nlm.nih.gov/dailymed/

U.S. National Library of Medicine. (2024). *Drug information*. MedlinePlus. https://medlineplus.gov/druginformation.html

U.S. National Library of Medicine. (2024). *Modafinil*. MedlinePlus. https://medlineplus.gov/druginfo/meds/a602016.html

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.