

## STIMULANTS / WAKE PROMOTING MEDICATIONS

You have been prescribed a medication to help with your symptoms of waketime sleepiness. Please review this summary of the list of commonly prescribed medications, that includes the one that you were prescribed.

1. **Modafinil:** this medication is used in several conditions that have associated sleepiness including patients on PAP therapy. The most common adverse effect can be headache although a mild headache may be noted on the first dose in many patients who will eventually do well. There is a 1% risk of rash and the medicine should be promptly discontinued if this occurs. There also may be gastrointestinal side effects, and in women on oral contraception, there are concerns that the medication can render the oral contraceptive less effective. There is also a risk for insomnia on the medication which generally means the dosage should be reduced. The initial dose of the medication is 200 mg in the morning with gradual increase to an average dose of 400 mg or a maximum dose of 600 mg a day. In some patients the medicine does not last long into the evening in which case a portion of the daily dose can be taken in the early afternoon. Like all of the medications on this list, the medication can be used on specific days when needed.
2. **Armodafinil:** represents the “long-acting part of modafinil molecule” and therefore has a longer effect. Typically the starting dose is 250 mg in the morning and initially a half of a tablet should be tried. The maximum daily dose is 500 mg. Potential adverse effects are the same as modafinil. Some patients find that the generic forms of this medication and modafinil are less effective than the initial brand name (Nuvigil, Provigil).
3. **Methylphenidate (Ritalin):** is a shorter acting stimulant that generally lasts for only 3 or 4 hours. Longer acting forms such as Methylphenidate ER and Concerta are available. In most patients the medication is well tolerated, although excessive dosage can lead to the feeling of being overstimulated or “wired”. The initial starting dose is 10 mg in the morning and then every 4-6 hours as needed with caution not to take the latest dose after 4:00 p.m. as it can cause insomnia.
4. **Amphetamine salts (Adderall/Vyvanse/Dexedrine):** are often prescribed when the above medications are not successful or are not well tolerated. Side effects here can be very similar to methylphenidate although intolerance to one does not predict intolerance to the other. Typical starting dose is 10 mg in a.m. and 10 mg at 1:00 p.m. The 10 mg dose can be advanced to 20 mg depending on response. Most patients respond well to a total daily dose of 30-60 mg. Extended release forms (ER/LA) are available depending on response to short acting forms.
5. **Solriamfetol (Sunosi):** wake promoting medication released in 2019. Starting dose is 37.5 mg in OSA and 75 mg in patients with Narcolepsy. Dose taken in am. Side effects can be similar to the other stimulants, and can also elevate blood pressure.
6. **Pitolisant (Wakix):** wake promoting medication which has a different mechanism than other stimulants, and is not a DEA scheduled medication. Starting dose 9 mg in the AM. May take 2 weeks to take optimal effect. Should have an EKG prior to starting therapy (to check QT interval, which can be prolonged by the medication.)

After being started on these medications, please discontinue with any untoward side effects. Remember that the best dose for these medications is the lowest dose as dependency can develop. Also please call the office in 2-3 weeks to let one of our clinicians know how you responded to the medication and to discuss possible dose adjustment.

*PCCAB Sleep Team*

410-832-3400; Press Option 4 for General Questions