

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	NARCOLEPSY AGENTS
BRAND NAME (generic)	SUNOSI (solriamfetol)
Status: CVS Caremark Criteria	
Type: Initial Prior Authorization with Quantity Limit	

POLICY

FDA-APPROVED INDICATIONS

Sunosi is indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA).

Limitations of use

Sunosi is not indicated to treat the underlying airway obstruction in OSA. Ensure that the underlying airway obstruction is treated (e.g., with continuous positive airway pressure (CPAP)) for at least one month prior to initiating Sunosi for excessive daytime sleepiness. Modalities to treat the underlying airway obstruction should be continued during treatment with Sunosi. Sunosi is not a substitute for these modalities.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has excessive daytime sleepiness associated with narcolepsy
 - AND**
 - The request is for continuation of therapy AND the patient experienced a decrease in daytime sleepiness with narcolepsy
 - OR**
 - The diagnosis has been confirmed by sleep lab evaluation
 - AND**
 - The patient has experienced an inadequate treatment response to a central nervous system (CNS) stimulant drug (e.g., amphetamine, dextroamphetamine, methylphenidate)
 - OR**
 - The patient has experienced an intolerance to a central nervous system (CNS) stimulant drug (e.g., amphetamine, dextroamphetamine, methylphenidate)
 - OR**
 - The patient has a contraindication that would prohibit a trial of central nervous system (CNS) stimulant drugs (e.g., amphetamine, dextroamphetamine, methylphenidate)
 - AND**
 - The patient has experienced an inadequate treatment response to armodafinil OR modafinil
 - OR**
 - The patient has experienced an intolerance to armodafinil OR modafinil
 - OR**
 - The patient has a contraindication that would prohibit a trial of ALL of the following: A) armodafinil, B) modafinil
- The patient has excessive daytime sleepiness associated with obstructive sleep apnea (OSA)
 - AND**
 - The request is for continuation of therapy AND the patient has experienced a decrease in daytime sleepiness with obstructive sleep apnea (OSA)

OR

- The diagnosis has been confirmed by polysomnography
- AND**
- The patient has been receiving treatment for the underlying airway obstruction (e.g., continuous positive airway pressure [CPAP]) for at least one month
- AND**
- The patient has experienced an inadequate treatment response to armodafinil OR modafinil
- OR**
- The patient has experienced an intolerance to armodafinil OR modafinil
- OR**
- The patient has a contraindication that would prohibit a trial of ALL of the following: A) armodafinil, B) modafinil

Quantity Limits Apply.

30 tablets/25 days* or 90 tablets/75 days*

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

REFERENCES

1. Sunosi [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; October 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed March 12, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed March 12, 2021.
4. Morgenthaler TI, Vishesh KK, Brown T, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin. *Sleep* 2007;30(12):1705-11.
5. American Academy of Sleep Medicine. *International Classification of Sleep Disorders: Diagnostic and Coding Manual*. 3rd edition. Westchester, IL: American Academy of Sleep Medicine; 2014.
6. 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 Clinical Sleep Medicine* 2009;5(3):263-276.
7. Krahn L, Hershner S et al. Quality Measures for the Care of Patients with Narcolepsy. *Journal of Clinical Sleep Medicine* 2015; 11(3):335-55.