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 obstructive sleep apnea (OSA)
  AND
  - The request is NOT for continuation of therapy
    AND
    - The requested drug is being prescribed by, or in consultation with, a sleep specialist
      AND
    - The diagnosis has been confirmed by polysomnography
      AND
    - The patient has been receiving treatment for the underlying airway obstruction (continuous positive airway pressure [CPAP] or bilevel positive airway pressure [BIPAP]) for at least one month
      AND
    - Treatment with continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) will continue
      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

  OR
  - The request is for continuation of therapy
    AND

        - The patient has achieved or maintained a decrease in daytime sleepiness with obstructive sleep apnea (OSA) from baseline

      AND

        - The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP)

OR

- The patient has excessive daytime sleepiness associated with narcolepsy

  AND

  - The request is NOT for continuation of therapy

    AND

      - The requested drug is being prescribed by, or in consultation with, a sleep specialist

      AND

      - The diagnosis has been confirmed by sleep lab evaluation

        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

    OR

  - The request is for continuation of therapy

    AND

      - The patient has achieved or maintained a decrease in daytime sleepiness with narcolepsy from baseline

Quantity Limits Apply.
30 tablets per 25 days* or 90 tablets per 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.*

Duration of Approval (DOA):

- 2915-C: Initial therapy DOA: 12 months; Continuation of therapy DOA: 12 months

REFERENCES

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4. Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med.* 2017;13(3):479-504.
5. Epstein LJ, Kristo D, Strollo PJ, et al. Clinical Guideline for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. *J Clin Sleep Med*. 2009:5(3):263-276.
6. American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3rd edition. Darien, IL: American Academy of Sleep Medicine, 2014.
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8. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(9):1881-1893.
9. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment. *J Clin Sleep Med.* 2021;17(9):1895-1945.