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| Effective Date: 5/2020   |
| Reviewed: 2/2020,<br>2/2021, 2/2022, 4/2023,<br>3/2024, 4/2025, 5/2026 |
| Scope: Medicaid  |

## SUNOSI (solriamfetol)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

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.*

All other indications are considered experimental/investigational and are not a covered benefit.

#### II. PRESCRIBER SPECIALTIES

This medication must be prescribed by one of the following:

- A. Sleep disorder specialist
- B. Neurologist
- C. Psychiatrist

#### III. CRITERIA FOR INITIAL APPROVAL

##### A. Narcolepsy

Authorization of 12 months may be granted for treatment of excessive daytime sleepiness associated with narcolepsy in members who are 18 years of age and older when all of the following criteria are met:

1. The member has narcolepsy confirmed by sleep lab evaluation
2. The member has experienced an inadequate treatment response, intolerance, or contraindication to a central nervous system (CNS) stimulant drug (e.g., amphetamine/dextroamphetamine, methylphenidate)
3. The member meets either of the following criteria:

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- a. The member experienced an inadequate treatment response to at least a one month trial of modafinil or armodafinil, unless intolerance experienced
- b. The member has a contraindication to modafinil and armodafinil, with rationale provided

**B. Obstructive sleep apnea (OSA)**

Authorization of 12 months may be granted for treatment of excessive daytime sleepiness associated with OSA in members who are 18 years of age and older when all of the following criteria are met:

1. The member has OSA confirmed by polysomnography
2. The member has been receiving treatment for the underlying airway obstruction [e.g., continuous positive airway pressure (CPAP)] for at least one month, and has documented evidence of residual sleepiness despite compliance
3. The member meets either of the following criteria:
  - a. The member experienced an inadequate treatment response to at least a one-month trial of modafinil or armodafinil after CPAP, unless intolerance experienced
  - b. The member has a contraindication to modafinil and armodafinil, with rationale provided

**IV. CONTINUATION OF THERAPY**

Authorization of 12 months may be granted for continuation of Sunosi when the member has experienced a decrease in daytime sleepiness (documentation provided to support treatment efficacy).

**V. QUANTITY LIMIT**

Sunosi 75 mg & 150mg has a quantity limit of 1 tablet per day.

**VI. REFERENCES**

1. Sunosi [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; January 2026.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed April 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed April 2019.
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. 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.