

solriamfetol (SUNOSI)

Diagnosis Considered for Coverage:

- Treatment to improve wakefulness in patients with excessive sleepiness associated with:
 - Narcolepsy
 - Obstructive sleep apnea/hypopnea syndrome (OSAHS)

Coverage Criteria:

For narcolepsy:

- Sleep study confirms narcolepsy (review with Pharmacist if not conclusive), **and**
- Inadequate response, or intolerable side effect, or contraindication to modafinil (Provigil), **and**
- Dose does not exceed 150 mg per day.

For obstructive sleep apnea/hypopnea syndrome (OSAHS):

- Sleep study confirms OSAHS (review with Pharmacist if not conclusive) OR patient is currently using CPAP or BiPAP, **and**
- Inadequate response or intolerable side effect or contraindication to modafinil (Provigil), **and**
- Dose does not exceed 150 mg per day, **and**
- One of the following:
 - Patient is currently on CPAP AND Sunosi will be added to CPAP therapy, **or**
 - Patient is intolerant to CPAP and is using one of the following therapies for OSA: BIPAP, oral appliances AND Sunosi will be added, **or**
 - Patient has undergone a previous surgical procedure for OSA (uvulopalatopharyngoplasty, maxillomandibular advancement, or radiofrequency ablation of throat tissue).

Coverage Duration: one year

Effective Date: 11/02/2023