

# PRIOR AUTHORIZATION CRITERIA

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

## 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

### **Excessive Daytime Sleepiness Associated with Narcolepsy**

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with narcolepsy when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist
- The diagnosis has been confirmed by sleep study and ONE of the following criteria is met:
  - The patient has experienced an inadequate treatment response to armodafinil OR modafinil
  - The patient has experienced an intolerance to armodafinil OR modafinil
  - The patient has a contraindication that would prohibit a trial of ALL of the following: armodafinil, modafinil

### **Excessive Daytime Sleepiness Associated with Obstructive Sleep Apnea (OSA)**

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with obstructive sleep apnea (OSA) when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist
- The diagnosis has been confirmed by polysomnography
- 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
- The patient will continue to use CPAP or BIPAP after the requested drug is started and ONE of the following criteria is met:
  - The patient has experienced an inadequate treatment response to armodafinil OR modafinil
  - The patient has experienced an intolerance to armodafinil OR modafinil
  - The patient has a contraindication that would prohibit a trial of ALL of the following: armodafinil, modafinil

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## **CONTINUATION OF THERAPY**

### **Excessive Daytime Sleepiness Associated with Narcolepsy**

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with narcolepsy when the following criteria is met:

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

### **Excessive Daytime Sleepiness Associated with Obstructive Sleep Apnea (OSA)**

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with obstructive sleep apnea (OSA) when ALL of the following criteria are met:

- The patient has achieved or maintained a decrease in daytime sleepiness with OSA from baseline
- The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP)

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: DOA: 12 months

## **REFERENCES**

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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.
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