

POLICY NAME

Sunosi (solriamfetol)

POLICY #

2693P

Criteria

Coverage Criteria for Excessive Daytime Sleepiness Associated with Narcolepsy

- ☐ 1.1 Documented diagnosis of narcolepsy, confirmed by sleep lab evaluation
- ☐ 1.2 Documented failure, intolerance, or contraindication to armodafinil or modafinil

Coverage Criteria for Excessive Daytime Sleepiness Associated with Obstructive Sleep Apnea (OSA)

- ☐ 2.1 Documented diagnosis of OSA, confirmed by sleep study
- ☐ 2.2 Documentation that patient uses a continuous positive airway pressure (CPAP) device for at least 4 hours per night on 70% of nights during the previous thirty-day period
- ☐ 2.3 Documented failure, intolerance, or contraindication to armodafinil or modafinil.

Quantity Limit

- ☐ 3.1 75mg: #30/30 days
- ☐ 3.2 150mg: #30/30 days