

| | | | |
|--------------------|-----------------------|-----------------|-------|
| POLICY NAME | Sunosi (solriamfetol) | POLICY # | 2693P |
|--------------------|-----------------------|-----------------|-------|

Criteria

Coverage Criteria for Excessive Daytime Sleepiness Associated with Narcolepsy

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

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

- ☐ Documented diagnosis of OSA, confirmed by sleep study
- ☐ 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
- ☐ Documented failure, intolerance, or contraindication to armodafinil or modafinil.