

POLICY NAME	Sunosi (solriamfetol)	POLICY #	2693P
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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.