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| Policy Name: | Sunosi (solriamfetol) | Policy #: | 2693P |
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Sunosi.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Sunosi when the following criteria for coverage have been met.

Criteria

1. 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

2. 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.

3. Quantity Limit

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

4. Approval Period

- 4.1 Initial: 12 months
- 4.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

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References

1. Sunosi (solriamfetol) [prescribing information]. New York, NY: Axsome Therapeutics, Inc. June 2023.
2. Maski K, Trotti L, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine*, Vol. 17, No. 9: 1881-1893.
3. Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical Guideline for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. *J Clin Sleep Med*. 2009 Jun 15; 5(3): 263–276.
4. Javaheri, S. & Javaheri, S. Update on Persistent Excessive Daytime Sleepiness in OSA. *Chest*, 158 (2), 776-778

Created Date: 08/07/19
Effective Date: 08/07/19
Posted to Website: 01/01/22
Revision Date: 08/07/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.