

**Sunosi (solriamfetol)**  
**Effective 6/1/2020**

|                              |  |                     |   |
|------------------------------|--|---------------------|---|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange    | <b>Program Type</b> | <input checked="" type="checkbox"/> Prior Authorization<br><input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit (NLX) |                     |   |
| <b>Specialty Limitations</b> | N/A  |                     |   |
| <b>Contact Information</b>   | <b>Specialty Medications</b>   |                     |   |
|                              | All Plans  | Phone: 866-814-5506 | Fax: 866-249-6155   |
|                              | <b>Non-Specialty Medications</b>   |                     |   |
|                              | MassHealth   | Phone: 877-433-7643 | Fax: 866-255-7569   |
|                              | Commercial   | Phone: 800-294-5979 | Fax: 888-836-0730   |
|                              | Exchange   | Phone: 855-582-2022 | Fax: 855-245-2134   |
|                              | <b>Medical Specialty Medications (NLX)</b>   |                     |   |
|                              | All Plans  | Phone: 844-345-2803 | Fax: 844-851-0882   |
| <b>Exceptions</b>            | N/A  |                     |   |

### Overview

Sunosi is indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA).

### Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Sunosi, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is  $\geq$  18 years of age
2. The member is using Sunosi to improve wakefulness in those with excessive daytime sleepiness associated with narcolepsy **OR** obstructive sleep apnea (OSA)
3. The member has had previous trial, inadequate response or contraindication to modafinil **AND** armodafinil

### Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

### Limitations

Authorizations will be approved for 12 months

**References**

1. Sunosi [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; March 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed April 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed April 2019.
4. Morgenthaler TI, Vishesh KK, Brown T, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin. *Sleep* 2007;30(12):1705-11.
5. Epstein LJ, Kristo D, Strollo PJ et al. Clinical Guidelines for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. *J Clinical Sleep Medicine* 2009;5(3):263-276.

**Review History**

01/23/2020 – Reviewed and Approved P&T Mtg. Effective 6/1/20.

