

Sunosi (solriamfetol)
Effective 01/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	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 new to the plan within the last 90 days who are currently receiving treatment with the requested medication and are stable, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

1. The member is 18 years of age or older
2. The member will use Sunosi for ONE of the following:
 - a. Improve wakefulness in those with excessive daytime sleepiness associated with narcolepsy **OR**
 - b. Obstructive sleep apnea (OSA)
3. The member has had previous trial, inadequate response or contraindication to ONE of the following:
 - a. armodafinil
 - b. modafinil

Continuation of Therapy

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

Limitations

Authorizations will be approved for 12 months

References

1. 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.
2. 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.
3. Sunosi (solriamfetol) [prescribing information]. New York, NY: Axsome Therapeutics, Inc.; June 2023.

Review History

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

11/13/2024 – Reviewed and updated at November P&T. Updated step through requirement from two agents to one. Effective 1/1/2025.

