

**Sunosi (solriamfetol)**  
**Effective 01/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A			
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<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 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.

