Generic Name: Solriamfetol

Therapeutic Class or Brand Name: N/A

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 61370070

Preferred: N/A

Non-preferred: N/A

Date of Origin: 9/22/2020

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I - II are met)

I. Documented diagnosis of one of following conditions A - B AND must meet criteria listed under applicable diagnosis:

A. Excessive daytime sleepiness (EDS) associated with narcolepsy confirmed by sleep study (unless prescriber provides justification that sleep study is not feasible) and criteria 1 – 3 are met:

1. Documented symptoms of excessive daytime sleepiness (including but not limited to uncontrollable need to sleep and/or inability to maintain wakefulness during waking hours resulting in unplanned periods of sleep) for at least 3 months.
2. Documented clinically significant treatment failure, adverse event, or contraindication to both a and b:
    a) Amphetamine stimulant (e.g. amphetamine, dextroamphetamine) or methylphenidate stimulant.
    b) Generic armodafinil or generic modafinil.
3. Documented functional impairment due to narcolepsy (e.g. limitations in activities of daily living such as working/going to school, driving safely, inability to care for self/family).

B. Excessive daytime sleepiness (EDS) associated with obstructive sleep apnea (OSA) confirmed by sleep study (unless prescriber provides justification that sleep study is not feasible) and criteria 1 - 3 are met:

1. Treatment of underlying airway obstruction [e.g., continuous positive airway pressure (CPAP), bilevel positive airway pressure (BiPAP)] for at least a month has not been effective.
2. Documented clinically significant treatment failure, adverse event, or contraindication to generic armodafinil or generic modafinil.
3. Documented functional impairment due to narcolepsy (e.g. limitations in activities of daily living such as working/going to school, driving safely, inability to care for self/family).

II. Minimum age requirement: 18 years old

Exclusion Criteria

- Concomitant treatment with monoamine oxidase (MAO) inhibitor, or within 14 days following discontinuation of MAO inhibitor because of risk of hypertension.

Other Criteria

- Limitations of use: Sunosi is not indicated to treat underlying airway obstruction in OSA. Ensure that the underlying airway obstruction is treated [e.g., with continuous positive airway pressure (CPAP)] for at least one month prior to initiating Sunosi for excessive daytime sleepiness. Modalities to treat the underlying airway obstruction should be continued during treatment with Sunosi. Sunosi is not a substitute for these modalities.

Quantity / Days Supply Restrictions

- 30 tablets per 30 days.

Approval Length

- **Authorization:** 1 year
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing improvement or maintenance with medication.

Appendix

N/A

References

1. Sunosi (solriamfetol) [package insert]. Jazz Pharmaceuticals. Palo Alto, CA; March 2019.
2. Meir HK, Malhorta A. Management of Sleep Apnea in Adults. In: UpToDate 2020. UpToDate, Waltham, MA. (Accessed on 9/22/20).
3. Sahni AS, Carlucci M, Malik M et al. Management of Excessive Sleepiness in Patients with Narcolepsy and OSA: Current Challenges and Future Prospects. Nat Sci Sleep 2019;11:241-252.
4. Scammell TE. Treatment of Narcolepsy in Adults. In: UpToDate 2020. UpToDate Waltham, MA. (Accessed 9/22/20).
5. Thorpy MJ, Shapiro C, Mayer G et al. A Randomized Study of solriamfetol for Excessive Sleepiness in Narcolepsy. Annals of Neurology 2019;85(3):359-70.
6. Schweitezer PK, Rosenberg R, Zammit GK et al. Solriamfetol for Excessive Sleepiness in Obstructive Sleep Apnea (TONES 3): A Randomized Withdrawal Study. Chest 2019;155(2):364-74.

7. Epstein LJ, Kristo D, Strollo PJ Jr. et al. Clinical Guideline for the Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults. J Clin Sleep Med 2009;5(3):263-76.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
9/22/2020	1. New Policy

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.