Clinical Policy Title:	solriamfetol
Policy Number:	RxA.472
Drug(s) Applied:	Sunosi®
Original Policy Date:	03/06/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Narcolepsy (must meet all)**:**

1. Diagnosis of narcolepsy;
2. Trial and failure of a central nervous system stimulant for at least one (1) month unless contraindicated or clinically significant adverse effects are experienced: amphetamine immediate-release (IR), amphetamine, dextroamphetamine IR, dextroamphetamine, or methylphenidate IR;
   *Prior authorization may be required for CNS stimulants
3. Trial and failure of armodafinil (Nuvigil®) or modafinil (Provigil®) for at least one (1) month unless contraindicated or clinically significant side effects are experienced.
   *Prior authorization may be required for armodafinil/modafinil

Approval duration

All Lines of Business (except Medicare): 12 months

B. Obstructive Sleep Apnea (must meet all)**:**

1. Diagnosis of OSA;
2. Documented evidence of residual sleepiness despite compliant CPAP use as monotherapy for at least one (1) month;
3. Trial and failure of armodafinil (Nuvigil®) or modafinil (Provigil®) for at least one (1) month unless contraindicated or clinically significant side effects are experienced.
   *Prior authorization may be required for armodafinil/modafinil

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy

A. All Indications in Section I (must meet all)**:**

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Morgenthaler TI, Kapur VK, Brown TM, et al. Practice parameters for the treatment of narcolepsy and other

hypersomnias of central origin. Sleep. 2007;30(12):1705-1711. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276123/. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Clinical policy title was updated. 2. Line of Business Policy Applies to was updated to "All lines of business". 3. Initial approval criteria: updated the specialist requirement in Obstructive Sleep Apnea and Narcolepsy Initial approval criteria. 4. Commercial approval duration was updated for initial and Continued approval criteria. 5. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…". 6. Reference was reviewed and updated.	12/03/2020	12/07/2020
Policy was reviewed: 1. References were reviewed and updated.	08/30/2021	12/07/2021
Policy was reviewed: 1. References were reviewed and updated.	04/01/2022	07/18/2022
Policy was reviewed: 1. References were reviewed and updated.	03/06/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated.	08/28/2024	09/13/2024