

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Solriamfetol (Sunosi)

Notes:

- Quantity limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **solriamfetol (Sunosi)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Sleep Specialist
- Prescribed for the treatment of excessive daytime sleepiness due to narcolepsy **OR** excessive daytime sleepiness due to obstructive sleep apnea (OSA) **OR** Idiopathic hypersomnia
- Patient is 18 years of age or older
- Patient has failed a trial of, or patient has an allergy or intolerance* to:
 - Modafinil or armodafinil **AND**
 - A stimulant medication (ie methylphenidate, dextroamphetamine, amphetamine salt combination, etc.)
- OSA only: patient is currently treated for OSA [i.e. use of CPAP, or use of oral appliances (eg mandibular advancement device, tongue retaining devices), or had past OSA surgery]

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **solriamfetol (Sunosi)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed for the treatment of excessive daytime sleepiness due to narcolepsy **OR** excessive daytime sleepiness due to obstructive sleep apnea (OSA) **OR** Idiopathic hypersomnia
- Patient is 18 years of age or older
- Patient has failed a trial of, or patient has an allergy or intolerance* to:
 - Modafinil or armodafinil **AND**
 - A stimulant medication (ie methylphenidate, dextroamphetamine, amphetamine salt combination, etc.)

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Revised: 10/14/21
Effective: 12/02/21

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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Continued use criteria for patients stable on the medication: Non-formulary **solriamfetol (Sunosi)** will continue to be covered on the prescription drug benefit for 24 months when the following criteria are met:

- Continues to be prescribed by a Sleep Specialist

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