BlueCross BlueShield
Federal Employee Program

SUNOSI
(solriamfetol)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Excessive daytime sleepiness due to narcolepsy
    a. Inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
        i. Provigil (modafinil) or Nuvigil (armodafinil)
        ii. Stimulant, such as amphetamine, methylphenidate, or dexmethylphenidate
2. Excessive daytime sleepiness due to obstructive sleep apnea (OSA)
    a. Compliant with other standard OSA treatments (such as CPAP and oral appliances) for at least one month prior to initiating Sunosi
    b. Treatment for underlying airway obstruction will be continued during treatment with Sunosi

AND ALL of the following for **ALL** indications:

a. **NO** concomitant use of a MAOI (monoamine oxidase inhibitor) (must be >14 days post discontinuing therapy)
b. Prescriber agrees to monitor patient's blood pressure and heart rate
c. **NO** end stage renal disease (ESRD)

Prior - Approval Limits

Quantity 90 tablets per 90 days
Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

SUNOSI
(solriamfetol)

Diagnoses

Patient must have **ONE** of the following:

1. Excessive daytime sleepiness due to narcolepsy
2. Excessive daytime sleepiness due to obstructive sleep apnea (OSA)
    a. Compliant with other standard OSA treatments (such as CPAP and oral appliances)
    b. Treatment for underlying airway obstruction will be continued during treatment with Sunosi

AND ALL of the following for **ALL** indications:

a. **NO** concomitant use of a MAOI (monoamine oxidase inhibitor) (must be >14 days post discontinuing therapy)
b. Prescriber agrees to monitor patient's blood pressure and heart rate
c. **NO** end stage renal disease (ESRD)

Prior - Approval *Renewal* Limits

Same as above