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AETNA BE	TTER HEALTH®				
Coverage Policy/Guideline					
Name:	Sunosi		Page:	1 of 3	
Effective Date: 6/26/2024			Last Review Date:	6/5/2024	
Applies	□Illinois	□Florida	□Michigan		
Applies to:	⊠New Jersey	$\square$ Maryland	⊠Florida Kids		
	⊠Pennsylvania Kids	□Virginia	□Texas		

## Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Sunosi under the patient's prescription drug benefit.

# **Description:**

Sunosi is indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA).

## Limitations of use

Sunosi is not indicated to treat the 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.

# **Applicable Drug List:**

Sunosi

## Policy/Guideline:

# The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has excessive daytime sleepiness associated with narcolepsy
  AND
  - The request is for continuation of therapy

## **AND**

The patient experienced a decrease in daytime sleepiness with narcolepsy

## OR

 The requested drug is being prescribed by, or in consultation with, a sleep specialist

## **AND**

The diagnosis has been confirmed by sleep lab evaluation

#### AND

 The patient has experienced an inadequate treatment response to armodafinil

#### OR

o The patient has experienced an intolerance to armodafinil

# OR

The patient has a contraindication that would prohibit a trial of armodafinil

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 The patient has excessive daytime sleepiness associated with obstructive sleep apnea (OSA)

# AND

The request is for continuation of therapy

#### AND

 The patient has experienced a decrease in daytime sleepiness with obstructive sleep apnea (OSA)

## **AND**

 The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP)

#### OR

 The requested drug is being prescribed by, or in consultation with, a sleep specialist

# AND

The diagnosis has been confirmed by polysomnography

# **AND**

The patient has been receiving treatment for the underlying airway obstruction (continuous positive airway pressure [CPAP] or bilevel positive airway pressure [BIPAP]) for at least one month

#### **AND**

 Treatment with continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) will continue

# AND

- The patient has experienced an inadequate treatment response to armodafinil
  OR
- The patient has experienced an intolerance to armodafinil

#### OR

The patient has a contraindication that would prohibit a trial of armodafinil

# **Approval Duration and Quantity Restrictions:**

**Approval:** 12 months

Quantity Level Limit: 30 tablets per 30 days

## **References:**

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- Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. J Clin Sleep Med. 2017;13(3):479-504.
- 5. Epstein LJ, Kristo D, Strollo PJ, 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):263-276.
- 6. American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3<sup>rd</sup> edition, text revision. American Academy of Sleep Medicine, 2023.
- 7. Sateia MJ. International Classification of Sleep Disorders- Third Edition: Highlights and Modifications. *CHEST*. 2014;146(5):1387-1394.
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