



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Sunosi

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Effective Date: 5/28/2025

Last Review Date: 5/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> 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:

Coverage Criteria

Note: All requests require that the patient is unable to take modafinil for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication.

Narcolepsy

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with narcolepsy when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist.
- The diagnosis has been confirmed by sleep study.

Obstructive Sleep Apnea (OSA)

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with obstructive sleep apnea (OSA) when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist.
- The diagnosis has been confirmed by polysomnography or home sleep apnea test (HSAT) with a technically adequate device.



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- 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.
- The patient will continue to use CPAP or BIPAP after the requested drug is started.

Continuation of Therapy

Narcolepsy

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with narcolepsy when the following criteria is met:

- The patient has achieved or maintained a decrease in daytime sleepiness with narcolepsy from baseline.

Obstructive Sleep Apnea (OSA)

Authorization may be granted for a diagnosis of excessive daytime sleepiness associated with obstructive sleep apnea (OSA) when ALL of the following criteria are met:

- The patient has achieved or maintained a decrease in daytime sleepiness with OSA from baseline.
- The patient is compliant with using continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP).

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

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7. Sateia MJ. International Classification of Sleep Disorders- Third Edition: Highlights and Modifications. CHEST. 2014;146(5):1387-1394.
8. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2021;17(9):1881-1893.
9. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment. J Clin Sleep Med. 2021;17(9):1895-1945.