



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Sunosi

Page: 1 of 3

Effective Date: 10/24/2023

Last Review Date: 10/2023

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

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
- OR**
- The patient has excessive daytime sleepiness associated with obstructive sleep apnea (OSA)
AND
 - The request is for continuation of therapy
AND



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- 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 is unable to take modafinil for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 30 tablets/25 days* or 90 tablets/75 days*

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

References:

1. Sunosi [package insert]. New York, NY: Axsome Therapeutics, Inc.; June 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed February 27, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 02/27/2023).
4. 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.



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6. American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3rd edition. Darien, IL: American Academy of Sleep Medicine, 2014.
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.