Drug Quantity Management – Per Rx
Wakefulness-Promoting Agents – Sunosi™ (solriamfetol tablets)

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Product Identifier(s)

Effective 1/1/23 to 2/27/23: 109140

Effective 2/28/23: 69231

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

This Drug Quantity Management program has been developed to promote dose consolidation, prevent stockpiling/waste and to address potential order entry error of Sunosi. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
Sunosi® (solriamfetol tablets)	75 mg tablets	30 tablets	90 tablets
	150 mg tablets	30 tablets	90 tablets

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:

Sunosi 75 mg tablets
1. If the individual is titrating their dose from 75 mg daily to 150 mg daily, approve a one-time override of 60 tablets at retail or 120 tablets at home delivery.
   Note: This home delivery quantity is sufficient for 60 days of 75 mg once daily dosing and up to 30 days of 150 mg once daily dosing. The 150 mg tablets should be used for continued dosing at 150 mg once daily.

Sunosi 150 mg tablets
No overrides recommended.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview
Sunosi, a dopamine and norepinephrine reuptake inhibitor, is indicated **to improve wakefulness in adults with excessive daytime sleepiness** associated with the following conditions:[1]
- **Narcolepsy**.
- **Obstructive sleep apnea** (OSA).

Dosing
The initial recommended dose of Sunosi in adults with narcolepsy is 75 mg once daily (QD).[1] The dose range for Sunosi for the treatment of narcolepsy is 75 mg to 150 mg QD. Based on efficacy and tolerability, the dosage of Sunosi may be doubled at intervals of at least 3 days. The maximum recommended dose is 150 mg QD.

The initial recommended dose of Sunosi in adults with OSA is 37.5 mg QD.[1] The dosage range for Sunosi for the treatment of OSA is 37.5 mg to 150 mg QD. Based on efficacy and tolerability, the dosage of Sunosi may be doubled at intervals of at least 3 days. The maximum recommended dosage is 150 mg QD. Doses > 150 mg QD do not confer increased effectiveness sufficient to outweigh dose-related adverse reactions.

For patients with moderate renal impairment (estimated glomerular filtration rate [eGFR] 30 to 59 mL/min/1.73m^2), the maximum recommended daily dose is 75 mg.[1] For patients with severe renal impairment (eGFR 15 to 29 mL/min/1.73m^2) the maximum recommended daily dose is 37.5 mg. Sunosi is not recommended for use in patients with end stage renal disease (eGFR < 15 mL/min/1.73m^2).

Availability
Sunosi is available as 75 mg and 150 mg tablets in bottles of 30 tablets.[1] The 75 mg tablets are scored and can be split.

References

1. Sunosi® tablets [prescribing information]. New York, NY: Axome; June 2022.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual Revision	Policy was updated to include the existing quantity limits when the product is obtained via home delivery. **Sunosi 75 mg tablets**. Override criteria were updated to approve 120 tablets when obtained via home delivery.	08/31/2022