



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Sunosi™ (solriamfetol)

**Review Criteria**

Member must meet all the following criteria for specific diagnosis:

**Narcolepsy with Excessive Daytime Sleepiness**

- Member must be at least 18 years of age
- Member must have an inadequate response, intolerance or contraindication to modafinil or armodafinil
- Member must have an inadequate response, intolerance or contraindication to a CNS stimulant (i.e., methylphenidate, dextroamphetamine, etc.)
- Initial approval granted for 6 months
- Continuation approval granted for one year if provider submits update indicating member has experienced positive clinical improvement

Limitations:

- Maximum daily dose allowed is 1.0 tablet up to 150mg

**Obstructive Sleep Apnea (OSA)**

- Member must be at least 18 years of age
- Member must have had an inadequate response, intolerance, or contraindication to modafinil or armodafinil
- Initial approval granted for 6 months
- Continuation approval granted for one year if provider submits update indicating member has experienced positive clinical improvement

Limitations:

- Maximum daily dose allowed is 1.0 tablet up to 150mg