

Solriamfetol (SUNOSI®)

Criteria for Use

June 2020

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the [PBM INTERnet](#) or [PBM INTRANet](#) site for further information.

1. Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive solriamfetol.

- OSA not receiving primary OSA therapy (e.g., CPAP, or other OSA therapy for patients for whom CPAP was intolerable or ineffective (dental appliance, hypoglossal nerve stimulator, OSA surgery, or other).
- Concurrent treatment with a monoamine oxidase inhibitor (MAOI) or use of a MAOI within the preceding 14 days
- Patient has uncontrolled hypertension, unstable non medically controlled angina or coronary artery disease, non medically controlled heart arrhythmias, or other clinically relevant unstable or untreated heart problems.
- End Stage Renal Disease (eGFR less than 15 ml/min/1.73m²)

2. Inclusion Criteria

The answers to ALL of the following must be fulfilled in order to meet criteria.

- Treatment of excessive daytime sleepiness (EDS) associated with narcolepsy or obstructive sleep apnea (OSA)
- If narcolepsy is the indication, the diagnosis of narcolepsy has been confirmed by Multiple Sleep Latency Test (MSLT) or hypocretin-1 deficiency
- Documented excessive daytime sleepiness (Epworth Sleepiness Scale score > 10)
- Documented lack of efficacy with, is intolerant of, or has contraindications to modafinil OR armodafinil.
- Prescribed and monitored by a VA/VA Community Care sleep specialist/pulmonologist/neurologist or locally designated expert in sleep disorders.

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Updated versions may be found at <http://www.pbm.va.gov> or <http://vaww.pbm.va.gov>