For adult patients with excessive daytime sleepiness (EDS) associated with obstructive sleep apnea (OSA)

SUNOSI once-daily dosing can be optimized for the right balance of efficacy and tolerability[1]

OSA Dosing

*The 75 mg tablet is scored and can be broken in half for patients starting at the 37.5 mg dose.[1]

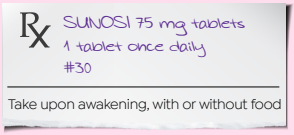
Before initiating treatment with SUNOSI, assess blood pressure and ensure hypertension is controlled.[1]

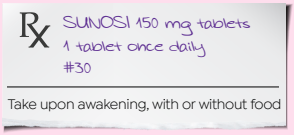
In the 12-week, placebo-controlled studies that compared SUNOSI 37.5 mg, 75 mg, and 150 mg to placebo, the following adverse reactions were dose-related: headache, nausea, decreased appetite, anxiety, diarrhea, and dry mouth.[1]

SUNOSI can be titrated by doubling your patient's current dose
After a minimum of 3 days, you can consider doubling your patient's dose to find the balance of efficacy and safety they need. The maximum dose is 150 mg.[1]

Helping your patients start and stay on SUNOSI

Start your patients out on 37.5 mg by prescribing 75 mg and instructing your patients to break the tablet in half. When titrating up from 75 mg, refill with a prescription for 150 mg. The maximum SUNOSI dose is 150 mg.





INDICATION AND IMPORTANT SAFETY INFORMATION FOR SUNOSI (solriamfetol)

INDICATION

SUNOSI is indicated to improve wakefulness in adults with excessive daytime sleepiness (EDS) associated with narcolepsy or obstructive sleep apnea (OSA).

LIMITATIONS OF USE

SUNOSI is not indicated to treat the underlying 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. SUNOSI is not a substitute for these modalities, and the treatment of the underlying airway obstruction should be continued.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SUNOSI is contraindicated in patients receiving concomitant treatment with monoamine oxidase inhibitors (MAOIs), or within 14 days following discontinuation of an MAOI, because of the risk of hypertensive reaction.

Please see Important Safety Information throughout and click here for full Prescribing Information.

SUNOSI® (solriamfetol) CIV
75, 150 mg tablets

For adult patients with excessive daytime sleepiness (EDS) associated with narcolepsy

With once-daily SUNOSI, dosing can be optimized for the right balance of efficacy and tolerability[1]

Narcolepsy Dosing

Day 1
75 mg/day

After ≥3 days, titrate up if needed

Day ≥4
150 mg/day

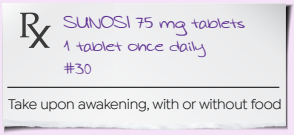
Before initiating treatment with SUNOSI, assess blood pressure and ensure hypertension is controlled.[1]

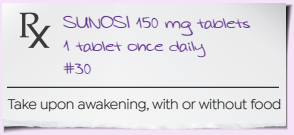
In the 12-week, placebo-controlled studies that compared SUNOSI 37.5 mg, 75 mg, and 150 mg to placebo, the following adverse reactions were dose-related: headache, nausea, decreased appetite, anxiety, diarrhea, and dry mouth.[1]

SUNOSI can be titrated by doubling your patient's current dose
After a minimum of 3 days, you can consider doubling your patient's dose to find the balance of efficacy and safety they need. The maximum dose is 150 mg.[1]

Helping your patients start and stay on SUNOSI

Start patients out with a prescription for 75 mg. When titrating up from 75 mg, refill with a prescription for 150 mg. The maximum SUNOSI dose is 150 mg.





IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Blood Pressure and Heart Rate Increases

SUNOSI increases systolic blood pressure, diastolic blood pressure, and heart rate in a dose-dependent fashion.

Epidemiological data show that chronic elevations in blood pressure increase the risk of major adverse cardiovascular events (MACE), including stroke, heart attack, and cardiovascular death. The magnitude of the increase in absolute risk is dependent on the increase in blood pressure and the underlying risk of MACE in the population being treated. Many patients with narcolepsy and OSA have multiple risk factors for MACE, including hypertension, diabetes, hyperlipidemia, and high body mass index (BMI).

Assess blood pressure and control hypertension before initiating treatment with SUNOSI. Monitor blood pressure regularly during treatment and treat new-onset hypertension and exacerbations of pre-existing hypertension. Exercise caution when treating patients at higher risk of MACE, particularly patients with known cardiovascular and cerebrovascular disease, pre-existing hypertension, and patients with advanced age. Use caution with other drugs that increase blood pressure and heart rate.

Please see Important Safety Information throughout and click here for full Prescribing Information.

SUNOSI® (solriamfetol) CIV
75, 150 mg tablets

Important dosing instructions to share with patients

SUNOSI should be taken once daily upon awakening—at least 9 hours before planned bedtime—to avoid potential interference with sleep[1]

For many patients, **SUNOSI worked in as little as 1 hour after dosing, as seen at week 12**[1]*

SUNOSI is contraindicated in patients receiving concomitant treatment with MAOIs, or within 14 days following discontinuation of an MAOI, because of the risk of hypertensive reaction.[1]

SUNOSI can be taken with or without food—no timing with meals necessary[1]

MAOI=monoamine oxidase inhibitor.

*The 75 mg dose did not show improvement for patients with excessive daytime sleepiness (EDS) in narcolepsy. Individual results may vary.[1]

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS (CONT'D)

Blood Pressure and Heart Rate Increases (Cont'd)

Periodically reassess the need for continued treatment with SUNOSI. If a patient experiences increases in blood pressure or heart rate that cannot be managed with dose reduction of SUNOSI or other appropriate medical intervention, consider discontinuation of SUNOSI.

Patients with moderate or severe renal impairment could be at a higher risk of increases in blood pressure and heart rate because of the prolonged half-life of SUNOSI.

Psychiatric Symptoms

Psychiatric adverse reactions have been observed in clinical trials with SUNOSI, including anxiety, insomnia, and irritability.

Exercise caution when treating patients with SUNOSI who have a history of psychosis or bipolar disorders, as SUNOSI has not been evaluated in these patients.

Patients with moderate or severe renal impairment may be at a higher risk of psychiatric symptoms because of the prolonged half-life of SUNOSI.

Observe SUNOSI patients for the possible emergence or exacerbation of psychiatric symptoms.

Consider dose reduction or discontinuation of SUNOSI if psychiatric symptoms develop.

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions (incidence ≥5%) reported more frequently with the use of SUNOSI than placebo in either narcolepsy or OSA were headache, nausea, decreased appetite, anxiety, and insomnia.

Dose-Dependent Adverse Reactions

In the 12-week placebo-controlled clinical trials that compared doses of 37.5 mg, 75 mg, and 150 mg/day of SUNOSI to placebo, the following adverse reactions were dose-related: headache, nausea, decreased appetite, anxiety, diarrhea, and dry mouth.

Please see Important Safety Information throughout and click here for full Prescribing Information.

SUNOSI® (solriamfetol) CIV
75, 150 mg tablets

SUNOSI samples can help get your patients to the right dose

Visit **SUNOSIhcp.com** to order samples, access patient vouchers, and learn how eligible patients can save on their SUNOSI prescription.

IMPORTANT SAFETY INFORMATION (CONT'D)

DRUG INTERACTIONS

Do not administer SUNOSI concomitantly with MAOIs or within 14 days after discontinuing MAOI treatment. Concomitant use of MAOIs and noradrenergic drugs may increase the risk of a hypertensive reaction. Potential outcomes include death, stroke, myocardial infarction, aortic dissection, ophthalmological complications, eclampsia, pulmonary edema, and renal failure.

Concomitant use of SUNOSI with other drugs that increase blood pressure and/or heart rate has not been evaluated, and combinations should be used with caution.

Dopaminergic drugs that increase levels of dopamine or that bind directly to dopamine receptors might result in pharmacodynamic interactions with SUNOSI. Interactions with dopaminergic drugs have not been evaluated with SUNOSI. Use caution when concomitantly administering dopaminergic drugs with SUNOSI.

USE IN SPECIFIC POPULATIONS

Renal Impairment

Dosage adjustment is not required for patients with mild renal impairment (eGFR 60–89 mL/min/1.73 m^2). Dosage adjustment is recommended for patients with moderate to severe renal impairment (eGFR 15–59 mL/min/1.73 m^2). SUNOSI is not recommended for patients with end stage renal disease (eGFR <15 mL/min/1.73 m^2).

ABUSE

SUNOSI contains solriamfetol, a Schedule IV controlled substance. Carefully evaluate patients for a recent history of drug abuse, especially those with a history of stimulant or alcohol abuse, and follow such patients closely, observing them for signs of misuse or abuse of SUNOSI (e.g., drug-seeking behavior).

Please see Important Safety Information throughout and click here for full Prescribing Information.

SUN HCP ISI 05/2022

Reference: 1. SUNOSI (solriamfetol) [prescribing information]. New York, NY: Axsome Therapeutics, Inc.

axsome

SUNOSI® (solriamfetol) CIV
75, 150 mg tablets