



# iNAP<sup>®</sup> Sleep Therapy System

## Information for Physicians

### What is iNAP?

iNAP is a new alternative, non-surgical device for the treatment of obstructive sleep apnea in adults. The system uses a soft, flexible mouthpiece, thin tubing, and a quiet battery-powered console. The size of a smartphone, iNAP delivers a light vacuum in the oral cavity that comfortably opens the airway during sleep as the patient breathes naturally through the nose.

### How does iNAP work?

iNAP delivers a gentle suction inside the oral cavity, moving the tongue forward and away from the airway. When iNAP activates, it helps the patient establish a seal within the mouth. Once the seal is set, iNAP's intermittent negative airway pressure turns off, effectively eliminating the apnea while saving battery. Should the tongue move out of the optimal position, the device provides negative pressure again, helping the patient re-establish the seal and keeping the airway open (Seal = open airway). Vacuum in the oral cavity occurs when the patient closes their lips around the tubing portion of the oral interface, bringing the tongue forward and up toward the palate, thereby creating the seal. The device's external lights indicate when the patient is or is not in "seal time."



### Is iNAP effective?

With over 25 clinical studies, iNAP significantly improved the apnea-hypopnea index (AHI), a common measurement of sleep apnea severity across people with all OSA severity levels- mild, moderate, and severe obstructive sleep apnea. Participants were highly compliant, using iNAP for a median of six hours per night. Both participants and bed partners reported high satisfaction and preference for iNAP over other therapy options. To view our research, visit <https://www.inapsleep.online/clinical-evidence>

### Who is a likely candidate?

iNAP is not for every patient. Most adults are candidates, and the exclusion criteria are minimal except for a small number of patients who are missing front teeth or are unable to breathe through their noses during sleep. Those who demonstrate high motivation for this alternative therapy are the most successful with long-term use.

### What is the iNAP Club?

Most patients will receive the iNAP Sleep Therapy System as part of a membership in the iNAP Club<sup>®</sup>. At the start of the membership, Somnics Health will ship the device and accessories to the patient. Our iNAP Customer Success Team will handle the shipping, product orientation, technical support, adherence coaching,



compliance tracking, and refills of consumables each quarter as part of a recurring monthly fee. We suggest that patients on Membership stay with the treatment for at least three months so they have enough time to acclimate to therapy. Afterward, they are free to cancel their membership and return the device. Members also receive other benefits, including device upgrades, new accessories to try out, and offer constructive feedback.

## What are the costs?

To test the market, we initiated a soft launch, beginning in California. We offer two options:

1) **Membership**- for those who would like to try and use iNAP at a lower initial price point, membership is \$84.00 per month. This allows cancellation anytime during the 24 months after the initial 3 months period. Resupplies are sent to the customer every three months and include shipping. After 24 months, the membership fee drops to cover quarterly supplies (see prices on our online store, <https://www.inapsleep.online/shop>) and ownership transfers to the patient.

2) **Purchase**- \$999.00 includes three months of supplies, shipping and a 2-year warranty. Purchasers may order new supplies as needed by visiting our online store, <https://www.inapsleep.online/shop>. Patients can return the device within the first 90 days and will be reimbursed minus a restocking fee.

## Is iNAP Covered by Insurance?

Not at this time. Somnics Health will soon work with private and federal insurance companies to establish coverage for the product. Currently, patients pay out-of-pocket for this therapy. The good news is that iNAP is eligible for coverage under HSA/FSA employer plans.

## How do I refer patients for iNAP treatment?

Prescribing iNAP is easy. **Please fax the prescription to 1.833.847.2009.** Once we receive a prescription, we notify the patient to sign disclosure forms and submit payment securely on our website. Once they've registered, we will contact the patient, answer any questions, arrange shipment, and coordinate a telehealth onboarding session with them. We suggest that your staff provide a copy of the prescription to the patient for their records. Please use the prescription template below or your usual Rx form.

## Are there any published studies?

Many! Over 30 iNAP efficacy studies have been published in peer-reviewed manuscripts and abstracts around the world. A list of clinical studies is available on our website at <https://www.inapsleep.online/clinical-evidence>.



## What services are provided by Somnics Health?

Once your patient is ready to start iNAP, our iNAP Customer Support team will handle the product orientation and pair the device with their smartphone to track their progress. We also provide continual technical assistance, adherence coaching, troubleshooting, compliance tracking, and new supplies replenishment. We will notify your office should patients need further medical management and support. As the prescribing physician, you have the opportunity to follow the progress of each of your patients (compliance, treatment time per night, etc.) by registering and logging on to our platform [www.somnics.cloud](http://www.somnics.cloud).

## What if the patient has not had a recent sleep study?

When speaking with patients, please feel free to reevaluate the patient to obtain an updated baseline sleep report. Some sleep physicians may also be interested in comparing the baseline study results while the patient is using iNAP and undergoes a new HST.

If you or your staff have any questions or would like to meet with us on Zoom, please contact iNAP Customer Service at 833.SOMNICS (833.766.6427) or visit [inapsleep.online](http://inapsleep.online).





## FAX- Confidential

To: Somnics Health

Fax # 833-847-2009

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Re: iNAP Sleep Therapy Request

Pages-

Certificate of Medical Necessity /Prescription for the INAP Sleep Therapy System

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Please fax this form to:  
1.833.847.2009

# Prescription and Certificate of Medical Necessity

This document serves as a Prescription and Statement of Medical Necessity for the patient referenced below for the Somnics iNAP Sleep Therapy System and any items indicated.

## Patient Information

Patient First Name, Last Name	Gender	DOB
Primary Phone	Initial AHI	BMI
Street Address	City/State/Zip	
Email Address		

## Diagnosis

G47.33 Obstructive Sleep Apnea     Hypertension     Hypersomnolence     Ischemic Heart Disease     Insomnia  
 Depression                             Stroke             Other:

## iNAP Sleep Therapy System

iNAP Starter Kit (container, oral Interface, tubing, 93 Day's Supply of Dry Pads)  
 Replenishment:  Oral Interface     Tubing     DryPad (3 months' supply)     Other.....  
 Length of need= lifetime- 99

## Physician Information

Name	NPI#	
Address	City:	State    Zip
Phone #	Fax #	
Signature	Date	
	Email (non PHI only):	

*When referred by qualified referral sources, all patients will be admitted by Somnics Health for continuing services. Should services be requested that Somnics does not provide, we will direct patients to the appropriate resource. Prices for all products and services are available upon request. Somnics provides sleep therapy products In California only until further notice.*