

## Pitolisant (Wakix)

### Coverage Criteria:

1. Prescribed by a provider with experience in the management of narcolepsy including but not limited to, neurologists and sleep specialists; and,
2. Patient is diagnosed with narcolepsy or idiopathic hypersomnia; and,
3. Patient is  $\geq 18$  years of age; and,
4. Prescribed within the FDA approved regimen; and,
5. For patients diagnosed with narcolepsy with cataplexy, a two month trial and failure (or medical contraindications to use) with an antidepressant used in the treatment of cataplexy (such as SSRIs (e.g., fluoxetine) or TCAs (e.g., clomipramine)) is required; and,
6. For patients diagnosed with narcolepsy without cataplexy, a trial and failure with both of the following therapies is required:
  - a. At least a two week trial of armodafinil 250 mg once daily or modafinil 200 mg twice daily; and,
  - b. At least a two week trial of Sunosi 150mg once daily; and,
7. For patients diagnosed with idiopathic hypersomnia, at least a two week trial of armodafinil 250 mg once daily or modafinil 200 mg twice daily is required; and,
8. Wakix is not used in conjunction with Xyrem or Xywav.

### Renewal Criteria:

1. Patient has been seen by the provider in the past 12 months; and,
2. Provider attests benefit from therapy, such as improvement in excessive daytime sleepiness; and,
3. Prescribed within FDA approved dosing regimen.

### Coverage Duration:

Initial authorizations will be for 6 months.

Re-authorizations will be for 12 months.