Wakix (pitolisant hydrochloride)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Narcolepsy is a chronic neurological disorder characterized by excessive daytime sleepiness (EDS) and abnormal rapid eye movement (REM) sleep manifestations, including cataplexy, sleep paralysis, and hypnagogic hallucinations. It affects approximately 1 in 2,000 people in the United States. The disorder is caused by the loss of hypothalamic neurons that produce hypocretin (orexin), a neuropeptide that regulates wakefulness and REM sleep.

First-line treatments for narcolepsy include central nervous system stimulants (e.g., modafinil, armodafinil, methylphenidate, amphetamines) for EDS, and antidepressants (e.g., SSRIs, SNRIs, TCAs) or sodium oxybate for cataplexy. However, some patients may not achieve adequate symptom control or may experience intolerable side effects with these medications.

Wakix (pitolisant) is a selective histamine H3-receptor antagonist/inverse agonist approved by the FDA for the:

1. treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy.
2. treatment of excessive daytime sleepiness (EDS) in pediatric patients 6 years of age and older with narcolepsy.

Definitions

"**Cataplexy**" refers to a sudden, transient episode of muscle weakness accompanied by full conscious awareness, typically triggered by emotions such as laughing, crying, or terror.

"**Excessive daytime sleepiness (EDS)**" is the inability to stay awake and alert during the day, resulting in unintended lapses into drowsiness or sleep.

"Hypocretin-1" is a natural chemical in the brain that helps regulate wakefulness.

"**Multiple Sleep Latency Test (MSLT)**" is a sleep study that measures how quickly a person falls asleep during the day and whether they enter rapid eye movement (REM) sleep.

"Polysomnography (PSG)" is a sleep study used to diagnose sleep disorders by measuring certain components such as brain activity, oxygen levels, heart rate, breathing, eye movements, and leg movements.

"Sleep latency" is the amount of time it takes to fall asleep.

"**Sleep-onset REM periods (SOREMPs)**" are periods of rapid eye movement sleep that occur within 15 minutes of falling asleep, which are characteristic of narcolepsy.

Medical Necessity Criteria for Initial Authorization

The Plan considers **Wakix (pitolisant hydrochloride)** medically necessary when **ALL** of the following criteria are met:

1. The medication is prescribed by or in consultation with a sleep medicine specialist, neurologist, psychiatrist, or pulmonologist with expertise in treating sleep disorders; ***AND***
2. The member meets the age requirement for the intended use:
    a. For treatment of excessive daytime sleepiness (EDS) in narcolepsy - the member is 6 years of age or older; ***or***

b. For treatment of cataplexy in narcolepsy - the member is 18 years of age or older; ***AND***

3. The member has a diagnosis of narcolepsy that has been confirmed by sleep lab testing or documented clinical symptoms including excessive daytime sleepiness (EDS) persisting for at least 3 months **AND** at least **ONE** of the following:
    a. Cataplexy episodes (for narcolepsy type 1); ***or***
    b. Hypocretin-1 (orexin A) deficiency (≤110 pg/mL or <1/3 of mean values of healthy individuals tested using the same standardized assay); ***or***
    c. Nocturnal sleep polysomnography showing rapid eye movement (REM) sleep latency ≤ 15 minutes, or a Multiple Sleep Latency Test (MSLT) showing a mean sleep latency ≤ 8 minutes and ≥ 2 sleep-onset REM periods (SOREMPs). A SOREMP within 15 minutes of sleep onset on the preceding nocturnal polysomnography may replace one of the SOREMPs on the MSLT; ***AND***
4. The member has tried and failed prior treatments as follows:
    a. For members 18 years of age and older - the member is unable to use, or has tried and failed **ALL** of the following for at least 30-days duration each:
        i. Sunosi (solriamfetol); ***and***
        ii. Either modafinil or armodafinil; ***and***
        iii. At least **ONE** CNS stimulant, such as:
            1. amphetamine-dextroamphetamine; ***or***
            2. dextroamphetamine; ***or***
            3. methylphenidate; ***and***
        iv. For members with cataplexy - at least **ONE** antidepressant, such as:
            1. SSRIs (such as fluoxetine); ***or***
            2. SNRIs (such as venlafaxine); ***or***
            3. Tricyclic Antidepressants (such as clomipramine); ***AND***
    b. For members 6 to 17 years of age - the member is unable to use, or has tried and failed at least **ONE** of the following for at least 30-days duration:
        i. Methylphenidate; ***or***
        ii. Amphetamine-based stimulant; ***AND***
5. The member does **NOT** have:
    a. severe hepatic impairment***; or***
    b. A condition that better explains the hypersomnolence and/or MSLT findings, such as:
        i. Insufficient sleep***; or***
        ii. Obstructive sleep apnea***; or***
        iii. Delayed sleep phase disorder***; or***
        iv. The effect of medication or substances or their withdrawal***; AND***

6. Wakix (pitolisant hydrochloride) is being prescribed at a dose and frequency that is within FDA approved labeling **OR** is supported by compendia or evidence-based published dosing guidelines for the requested indication.

If the above prior authorization criteria are met, the requested product will be authorized for 12-months.

Medical Necessity Criteria for Reauthorization

Reauthorization for 12 months will be granted if the member has recent (within the last 3 months) clinical chart documentation demonstrating ALL of the following criteria:

1. The member has experienced a positive clinical response to Wakix (pitolisant) therapy as demonstrated by a reduction in symptoms of excessive daytime sleepiness and/or cataplexy; ***AND***
2. Wakix (pitolisant hydrochloride) continues to be prescribed at a dose and frequency within FDA approved labeling OR supported by compendia or evidence-based published guidelines for the requested indication.

Experimental or Investigational / Not Medically Necessary

Wakix (pitolisant hydrochloride) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Treatment of cataplexy in pediatric members under 18 years of age.
- Treatment of narcolepsy in pediatric members under 6 years of age.
- Treatment of obstructive sleep apnea.
- Treatment of shift work sleep disorder.
- Management of fatigue associated with Parkinson's disease.
- Treatment of attention deficit hyperactivity disorder (ADHD).

References

1. Aurora RN, Lamm CI, Zak RS, Kristo DA, Bista SR, Rowley JA, Casey KR. Practice parameters for the non-respiratory indications for polysomnography and multiple sleep latency testing for children. Sleep. 2012 Nov 1;35(11):1467-73. doi: 10.5665/sleep.2190. PMID: 23115395; PMCID: PMC3466793.

2. Howell M, Avidan AY, Foldvary-Schaefer N, Malkani RG, During EH, Roland JP, McCarter SJ, Zak RS, Carandang G, Kazmi U, Ramar K. Management of REM sleep behavior disorder: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2023 Apr 1;19(4):759-768. doi: 10.5664/jcsm.10424. PMID: 36515157; PMCID: PMC10071384.
3. Maski K, Trotti LM, Kotagal S, Robert Auger R, Rowley JA, Hashmi SD, Watson NF. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2021 Sep 1;17(9):1881-1893. doi: 10.5664/jcsm.9328. PMID: 34743789; PMCID: PMC8636351.
4. Wakix (pitolisant) [prescribing information]. Plymouth Meeting, PA: Harmony Biosciences LLC; June 2024.

Clinical Guideline Revision / History Information

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