

PRIOR AUTHORIZATION WITH STEP THERAPY POLICY

POLICY: Wakefulness-Promoting Agents – Wakix Prior Authorization with Step Therapy Policy

- Wakix® (pitolisant tablets – Harmony)

REVIEW DATE: 07/03/2024; selected revision 09/04/2024 and 11/20/2024

OVERVIEW

Wakix, an antagonist/inverse agonist of the histamine-3 receptor, is indicated for the following uses:¹

- **Excessive daytime sleepiness in adults and pediatric patients ≥ 6 years of age with narcolepsy.**
- **Cataplexy in adults with narcolepsy.**

Wakix is the only wakefulness-promoting agent that is not a controlled substance.¹⁻⁴

Armodafinil and modafinil are wakefulness-promoting agents with actions similar to sympathomimetic agents (e.g., amphetamine and methylphenidate).^{2,3} They are indicated to improve wakefulness in adults with excessive sleepiness associated with narcolepsy, obstructive sleep apnea (OSA), or shift work disorder. Sunosi® (solriamfetol tablets), a dopamine and norepinephrine reuptake inhibitor, is indicated to improve wakefulness in adults with excessive daytime sleepiness associated with narcolepsy or OSA.⁴ Armodafinil, modafinil, and Sunosi are Schedule IV controlled substances.²⁻⁴ Armodafinil, modafinil, and Sunosi are not indicated for the treatment of cataplexy.

Two specialized tests, which can be performed in a sleep disorders clinic, are required to establish a diagnosis of narcolepsy.⁷ Polysomnogram is an overnight recording of brain and muscle activity, breathing, and eye movements. The multiple sleep latency test assesses daytime sleepiness by measuring how quickly a person falls asleep and whether they enter rapid eye movement (REM) sleep. On the day after polysomnogram, the patient is asked to take five short naps separated by two hours over the course of a day. If an individual falls asleep in < 8 minutes on average over the five naps, this indicates excessive daytime sleepiness. However, patients with narcolepsy also have an abnormally quick start to REM sleep. If REM sleep happens within 15 minutes at least two times out of the five naps and the sleep study the night before, this is likely an abnormality caused by narcolepsy.

Guidelines

Narcolepsy and Cataplexy

The American Academy of Sleep Medicine (AASM) practice parameters for the treatment of central disorders of hypersomnolence were updated in 2021.^{5,6}

- Modafinil, Wakix, Xyrem® (sodium oxybate oral solution), and Sunosi are recommended as effective treatments for daytime sleepiness due to narcolepsy and reducing disease severity in adults (Strong Recommendation for each).
- Wakix and Xyrem have also demonstrated efficacy for the treatment of cataplexy in patients with narcolepsy (Strong Recommendation for each).
- Xyrem and armodafinil have Conditional Recommendations for the treatment of narcolepsy, showing efficacy for daytime sleepiness due to narcolepsy and reducing disease severity.
- Dextroamphetamine has a Conditional Recommendation for the treatment of narcolepsy, showing efficacy for excessive daytime sleepiness and cataplexy.
- Methylphenidate has a Conditional Recommendation for the treatment of narcolepsy, showing efficacy in reducing disease severity.

- There was insufficient and inconclusive evidence to make recommendations for l-carnitine, scheduled naps, selegiline, triazolam, selective serotonin reuptake inhibitors, and serotonin-norepinephrine reuptake inhibitors.
- Modafinil and Xyrem have Conditional Recommendations for the treatment of narcolepsy in pediatric patients.
- A Strong Recommendation should be followed by clinicians under most circumstances. A Conditional Recommendation requires that the clinician use clinical knowledge and experience and strongly consider the individual patient's values and preferences to determine the best course of action.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Wakix. This Prior Authorization Policy also contains a Step Therapy component. When clinically appropriate, the patient is directed to try one Step 1 Product (dextroamphetamine for cataplexy in narcolepsy; modafinil or armodafinil for excessive daytime sleepiness in narcolepsy) prior to Wakix (Step 2). All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Wakix is recommended in those who meet one of the following criteria:

FDA-Approved Indications

- 1. Cataplexy Treatment in a Patient with Narcolepsy.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has been evaluated using polysomnography and a multiple sleep latency test; AND
 - C) Diagnosis of narcolepsy has been confirmed, according to the prescriber; AND
 - D) The medication is prescribed by or in consultation with a sleep specialist physician or a neurologist; AND
 - E) Patient meets ONE of the following (i or ii):
 - i. Patient has tried dextroamphetamine; OR
 - ii. Patient has a contraindication or intolerance to dextroamphetamine, according to the prescriber.
Note: Contraindications to dextroamphetamine include a history of substance use disorder; advanced arteriosclerosis, symptomatic cardiovascular disease, and/or moderate to severe hypertension; hyperthyroidism; known hypersensitivity to sympathomimetic amines; glaucoma; agitated states; concomitant administration with monoamine oxidase inhibitors (MAOIs), or within 14 days of stopping MAOIs.
- 2. Excessive Daytime Sleepiness Associated with Narcolepsy.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 6 years of age; AND
 - B) Patient has been evaluated using polysomnography and a multiple sleep latency test; AND
 - C) Diagnosis of narcolepsy has been confirmed, according to the prescriber; AND
 - D) The medication is prescribed by or in consultation with a sleep specialist physician or a neurologist; AND
 - E) Patient meets ONE of the following (i or ii):

- i. Patient has tried at least ONE of the following treatments: a central nervous system (CNS) stimulant, generic modafinil, or generic armodafinil; OR
Note: Examples of CNS stimulants include methylphenidate, dexamethylphenidate, and dextroamphetamine. An exception to this requirement is allowed if the patient has previously tried brand Provigil or brand Nuvigil.
- ii. Patient has a of substance use disorder and a wakefulness-promoting agent that is not a controlled substance is necessary, per the prescriber.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Wakix is not recommended in the following situations:

1. **Concomitant Use of Wakix with an Oxybate Product and/or Sunosi (solriamfetol tablets).** Wakix, an antagonist/inverse agonist of the histamine-3 receptor, is indicated for excessive daytime sleepiness and cataplexy in adults with narcolepsy.¹ Oxybate products include Xyrem (sodium oxybate oral solution), Lumryz (sodium oxybate extended-release oral suspension), and Xywav (calcium, magnesium, potassium, and sodium oxybates oral solution).⁸⁻¹⁰ These products have the same active ingredient (oxybate, a central nervous system depressant) and have not been studied for use in combination or as alternating treatments. Sunosi, a dopamine and norepinephrine reuptake inhibitor, is indicated to improve wakefulness in adults with excessive daytime sleepiness due to narcolepsy or obstructive sleep apnea.² Currently, there are no published studies evaluating combination use of these medications.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Wakix® tablets [prescribing information]. Plymouth Meeting, PA: Harmony Biosciences; June 2024.
2. Sunosi® tablets [prescribing information]. New York, NY: Axsome; June 2023.
3. Provigil® tablets [prescribing information]. Parsippany, NJ: Teva; December 2022.
4. Nuvigil® tablets [prescribing information]. Parsippany, NJ: Teva; December 2022.
5. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2021;17(9):1881–1893.
6. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment. *J Clin Sleep Med.* 2021;17(9):1895-1945.
7. National Institutes of Health. Narcolepsy. National Institute of Neurological Disorders and Stroke. Last reviewed on November 28, 2023. Available at: [Narcolepsy | National Institute of Neurological Disorders and Stroke \(nih.gov\)](https://www.ninds.nih.gov/Disorders/Palliative-Care/narcolepsy). Accessed on June 26, 2024.
8. Xyrem® oral solution [prescribing information]. Palo Alto, CA: Jazz; April 2023.
9. Lumryz™ extended-release oral suspension [prescribing information]. Chesterfield, MO: Avadel; May 2023.
10. Xywav® oral solution [prescribing information]. Palo Alto, CA: Jazz; April 2023.

