

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2024 P 1298-5
Program	Prior Authorization/Notification
Medication	Wakix® (pitolisant)
P&T Approval Date	10/2019, 3/2021, 3/2022, 3/2023, 3/2024
Effective Date	6/1/2024

### 1. Background:

Wakix is a histamine-3 (H3) receptor antagonist/inverse agonist indicated for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy.

Members will be required to meet the coverage criteria below.

# 2. Coverage Criteria<sup>a</sup>:

## A. Narcolepsy

# 1. Initial Authorization

- a. Wakix will be approved based on **both** of the following criteria:
  - (1) Diagnosis of narcolepsy as confirmed by sleep study (unless the prescriber provides justification confirming that a sleep study would not be feasible)<sup>2</sup>

#### -AND-

- (2) Symptoms of **ONE** of the following are present:
  - (a) excessive daytime sleepiness (including but not limited to daily periods of irrepressible need to sleep or daytime lapses into sleep)
  - (b) cataplexy

Authorization will be issued for 6 months.

# 2. Reauthorization

- a. Wakix will be approved for continuation of therapy based on the following criterion:
  - (1) Reduction in symptoms of excessive daytime sleepiness or cataplexy associated with Wakix therapy

## Authorization will be issued for 12 months.

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



## 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Medical Necessity may be in place.

## 4. References:

- 1. Wakix [package insert]. Plymouth Meeting, PA: Harmony Biosciences, LLC; December 2022.
- 2. American Academy of Sleep Medicine. International Classification of Sleep Disorders: Diagnostic and Coding Manual. 3<sup>rd</sup> ed. Darien, IL: American Academy of Sleep Medicine; 2014.

Program	Prior Authorization/Notification - Wakix® (pitolisant)
Change Control	
10/2019	New program
3/2021	Updated to include coverage for narcolepsy with cataplexy based on new
	product labeling.
3/2022	Annual review. Updated references.
3/2023	Annual review. Updated references. Added state mandate language.
3/2024	Annual review. No changes.