Pharmacy Policy Bulletin

Title:	Wakefulness Promoting Agents
Policy #:	Rx.01.5

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for **Pitolisant (Wakix®)**, **and solriamfetol (Sunosi™)** as provided under the member's prescription drug benefit.

Description:

Obstructive sleep apnea (OSA) is characterized by recurrent, functional collapse during sleep of the velopharyngeal and/or oropharyngeal airway, causing substantially reduced or complete cessation of airflow despite ongoing breathing efforts. This leads to intermittent disturbances in gas exchange and fragmented sleep. Snoring and wake-time sleepiness are common complaints of OSA.

Narcolepsy is a disorder of sleep-wake control in which elements of sleep intrude into wakefulness and elements of wakefulness intrude into sleep. The result is the classic tetrad of chronic daytime sleepiness with varying amounts of cataplexy, hypnagogic hallucinations, and sleep paralysis. Patients with narcolepsy type 1 (narcolepsy with cataplexy) typically present with moderate to severe daytime sleepiness, transient facial weakness or falls triggered by joking or laugher (partial or complete cataplexy), or the inability to move for one or two minutes immediately after awakening or just before falling asleep. Patients with narcolepsy type 2 have excessive daytime sleepiness without cataplexy.

Shift work disorder is a form of circadian sleep-wake rhythm disorders characterized by difficulty with sleep or wakefulness at times that are imposed by shifts running counter to the light-dark cycle. As a result, patients accumulate sleep debt and have increased risk of accidents, errors and other adverse health outcomes.

Multiple sclerosis (MS) is an immune-mediated, inflammatory, neurodegenerative disease of the central nervous system. Fatigue is a characteristic finding in patients with MS. It is usually described as physical exhaustion that is unrelated to the amount of activity performed.

Pitolisant (Wakix®) indicated for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy. The mechanism of action of Pitolisant in excessive daytime sleepiness in adult patients with narcolepsy is unclear. However, its efficacy could be mediated through its activity as an antagonist/inverse agonist at histamine-3 (H3) receptors.

Solriamfetol (**Sunosi™)** is indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy and obstructive sleep apnea (OSA). The mechanism of action of solriamfetol is unclear but it could be attributed to its activity as a dopamine and norepinephrine reuptake inhibitor (DNRI)

Policy:

Excessive daytime sleepiness in narcolepsy (Type 2)

INITIAL CRITERIA: Solriamfetol (Sunosi™) is approved when ALL of the following are met:

1. Diagnosis of excessive daytime sleepiness in narcolepsy (Type 2); and
2. Prescribed by or in consultation with a neurologist or sleep specialist; and

3. Diagnosis was confirmed by one of the following tests:
    a. Polysomnography (PSG); or
    b. Multiple sleep latency test (MSLT); and
4. Member is 18 years of age or older; and
5. Inadequate response or inability to tolerate BOTH of the following:
    a. Modafinil or armodafinil; and
    b. One stimulant product (e.g., amphetamine, methylphenidate)

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Solriamfetol (Sunosi™) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 2 years

INITIAL CRITERIA: Pitolisant (Wakix®) is approved when ALL of the following are met:
1. Diagnosis of excessive daytime sleepiness in narcolepsy (Type 2); and
2. Member is 18 years of age or older; and
3. Diagnosis was confirmed by ONE of the following tests:
    a. Polysomnography (PSG); or
    b. Multiple sleep latency test (MSLT); and
4. Prescribed by or in consultation with a neurologist or sleep specialist; and
5. Inadequate response or inability to tolerate ALL of the following:
    a. Modafinil or armodafinil; and
    b. One stimulant product (e.g., amphetamine, methylphenidate); and
    c. Sunosi®

Initial authorization duration: 12 months

REAUTHORIZATION CRITERIA: Pitolisant (Wakix®) is re-approved when ALL of the following are met:
1. Documentation to support the efficacy associated with the current regimen; and
2. Yearly evaluation by a neurologist or sleep specialist

Reauthorization duration: 12 months

Cataplexy with narcolepsy (Type 1)

INITIAL CRITERIA: Pitolisant (Wakix®) is approved when ALL of the following are met:
1. Diagnosis of cataplexy with narcolepsy (Type 1); and
2. Member is 18 years of age or older; and
3. Diagnosis was confirmed by ONE of the following tests:
    a. Polysomnography (PSG); or
    b. Multiple sleep latency test (MSLT); and
4. Prescribed by or in consultation with a neurologist or sleep specialist

Initial authorization duration: 12 months

REAUTHORIZATION CRITERIA: Pitolisant (Wakix®) is re-approved when ALL of the following are met:
1. Documentation to support the efficacy associated with the current regimen (including but not limited to reduction in the frequency of cataplexy attacks or an improvement in the Epworth sleepiness scale); and
2. Yearly evaluation by a neurologist or sleep specialist

Reauthorization duration: 12 months

Obstructive sleep apnea/hypopnea syndrome (OSAHS)

INITIAL CRITERIA: Solriamfetol (Sunosi™) is approved when ALL of the following are met:

1. Diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS); and
2. Member is 18 years of age or older; and
3. Prescribed by or in consultation with a sleep specialist; and
4. Used as adjunct to standard therapy; and
5. Solriamfetol (Sunosi™) only, inadequate response or inability to tolerate ONE of the following:
    a. Modafinil or armodafinil; or
    b. One stimulant product (e.g., amphetamine, methylphenidate)

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Solriamfetol (Sunosi™) is re-approved when there is documentation of positive clinical response to therapy.

Reauthorization duration: 2 years

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

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Olek M, Narayan R, Frohman E, Frohman T. Symptom management of multiple sclerosis in adults. UpToDate website. Last updated February 2022. Available at: www.uptodate.com. Accessed April 20, 2023.

Scammell T. Clinical features and diagnosis of narcolepsy in adults. UpToDate website. Last updated July 2022. Available at: www.uptodate.com. Accessed April 20, 2023.

Schweitzer PK, Rosenberg R, Zammit GK, et al: Solriamfetol for excessive sleepiness in obstructive sleep apnea (TONES 3): a randomized controlled trial. Am J Respir Crit Care Med 2019; 199(11):1421-1431.Strohl K.

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Sunosi™ (solriamfetol) [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals, Inc. November 2022. Available at: https://pp.jazzpharma.com/pi/sunosi.en.USPI.pdf. Accessed April 20, 2023.

Thorpy MJ, Shapiro C, Mayer G, et al: A randomized study of solriamfetol for excessive sleepiness in narcolepsy. Ann Neurol 2019; 85(3):359-370.Wyatt J.

Goldstein CA. Overview of circadian sleep-wake rhythm disorders. UpToDate website. Last updated May 2022. Available at www.uptodate.com. Accessed April 20, 2023.

Wakix® (pitolisant hydrochloride) [prescribing information]. Plymouth Meeting, PA: Harmony Biosciences, LLC. December 2022. Available at: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=8daa5562-824e-476c-9652-26ceef3d4b0e. Accessed April 20, 2023.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Generic Name	Brand Name
Pitolisant	Wakix®
Solriamfetol	Sunosi™

Cross References:

Rx.01.33 Off-Label Use
Rx.01.76 Quantity Level Limits for Pharmaceuticals Covered Under the Prescription Drug Benefit

Policy Version Number:	22.00
P&T Approval Date:	March 16, 2023
Policy Effective Date:	July 01, 2023
Next Required Review Date:	March 16, 2024