

UnitedHealthcare Pharmacy Clinical Pharmacy Programs

| Program Number | 2024 P 1298-5 |
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| 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^a:

A. Narcolepsy

1. Initial Authorization

- a. Wakix will be approved based on <u>both</u> 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)²

-AND-

- (2) Symptoms of <u>ONE</u> 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.

^a 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. 3rd ed. Darien, IL: American Academy of Sleep Medicine; 2014.

| Program | Prior Authorization/Notification - Wakix® (pitolisant) |
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| 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. |