VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION WITH STEP THERAPY POLICY

POLICY: Wakefulness-Promoting Agents – Wakix Prior Authorization with Step Therapy Policy
- Wakix® (pitolisant tablets – Harmony)

REVIEW DATE: 04/15/2026

OVERVIEW

Wakix, an antagonist/inverse agonist of the histamine-3 receptor, is indicated for the following uses in patients ≥ 6 years of age:[1]
- **Excessive daytime sleepiness in patients with narcolepsy**.
- **Cataplexy in patients 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, sodium oxybate oral solution (Xyrem®, generic), 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 sodium oxybate have also demonstrated efficacy for the treatment of cataplexy in patients with narcolepsy (Strong Recommendation for each).
- Sodium oxybate 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 (SSRIs), and serotonin-norepinephrine reuptake inhibitors (SNRIs).
- Modafinil and sodium oxybate have Conditional Recommendations for the treatment of narcolepsy in pediatric patients.
- Review of the literature did not produce relevant data meeting inclusion criteria regarding treatments commonly used in pediatric narcolepsy such as methylphenidate, amphetamines, naps (scheduled), and SSRIs or SNRIs.

Note: 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 ≥ 6 years of age; AND
   - **B)** Patient has been evaluated using polysomnography and a multiple sleep latency test; AND
   - **C)** According to the prescriber, diagnosis of narcolepsy has been confirmed; AND
   - **D)** The medication is prescribed by or in consultation with a sleep specialist physician or a neurologist; AND
   - **E)** If the patient is ≥ 18 years of age, patient meets ONE of the following (i, ii, or iii):
     - **i.** Patient has tried dextroamphetamine; OR
     - **ii.** According to the prescriber, patient has a contraindication or intolerance to dextroamphetamine; OR
       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.
     - **iii.** Patient is currently receiving Wakix.

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) According to the prescriber, diagnosis of narcolepsy has been confirmed; 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, ii, or iii):
- **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, dexmethylphenidate, and dextroamphetamine. An exception to this requirement is allowed if the patient has previously tried brand Provigil or brand Nuvigil.
- **ii.** According to the prescriber, patient has a history of substance use disorder and a wakefulness-promoting agent that is not a controlled substance is necessary; OR
- **iii.** Patient is currently receiving Wakix.

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 sodium oxybate oral solution (Xyrem, generic), 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). 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] Limited data exist regarding combination use of Wakix and sodium oxybate (unpublished) [n = 48].[11] When evaluated as add-on to sodium oxybate therapy over 8 weeks, change in Epworth Sleepiness Scale score did not differ significantly between Wakix and placebo.

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; February 2026.
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 March 13, 2026. Available at: Narcolepsy | National Institute of Neurological Disorders and Stroke (nih.gov). Accessed on April 10, 2026.
8. Xyrem® oral solution [prescribing information]. Palo Alto, CA: Jazz; April 2023.
9. Lumryz™ extended-release oral suspension [prescribing information]. Chesterfield, MO: Avadel; October 2024.
10. Xywav® oral solution [prescribing information]. Palo Alto, CA: Jazz; April 2023.
11. Data on file. Wakix (pitolisant): use with sodium oxybate. Plymouth Meeting, PA: Harmony Biosciences; received January 6, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	**Excessive Daytime Sleepiness Associated with Narcolepsy:** Wakix is now indicated for use in adults and pediatric patients ≥ 6 years of age; therefore, the age for approval was changed to ≥ 6 years of age. Because modafinil and armodafinil are only approved for use in adults, the step component now includes the qualifier "If the patient is ≥ 18 years of age".	07/03/2024
Selected Revision	**Excessive Daytime Sleepiness Associated with Narcolepsy.** The criteria were updated to include central nervous system (CNS) stimulants as an option for patients who are ≥ 18 years of age to have tried prior to approval of Wakix. Now a patient who is ≥ 18 years of age needs to have tried a CNS stimulant, generic modafinil, or generic armodafinil OR have a history of substance use disorder prior to approval of Wakix. Previously, a patient who is ≥ 18 years of age had to have tried one of generic modafinil or generic armodafinil OR have a history of substance use disorder. Additionally, examples CNS stimulants were added to the Note.	09/04/2024
Selected Revision	**Excessive Daytime Sleepiness Associated with Narcolepsy.** The criteria were updated to remove the restriction to patients who are ≥ 18 years of age when requiring a patient to have tried a central nervous system (CNS) stimulant, generic modafinil, or generic armodafinil OR have a history of substance use disorder prior to approval of Wakix.	11/20/2024
Annual Revision	No criteria changes.	06/11/2025
Early Annual Revision	**Cataplexy Treatment in a Patient with Narcolepsy:** The age requirement was updated from ≥ 18 years of age to ≥ 6 years of age in line with expanded labeling. The step component was updated to only direct to dextroamphetamine if the patient is ≥ 18 years of age. An exception was added such that a patient who is currently receiving Wakix does not need to try dextroamphetamine. **Excessive Daytime Sleepiness Associated with Narcolepsy:** An exception was added such that a patient who is currently receiving Wakix does not need to try a central nervous system stimulant, modafinil, or armodafinil.	04/15/2026