BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.60.038

Section:	Prescription Drugs	**Effective Date:**	October 1, 2024
Subsection:	Central Nervous System Drugs	**Original Policy Date:**	September 13, 2019
Subject:	Wakix	**Page:**	1 of 5

Last Review Date: September 6, 2024

Wakix

Description

Wakix (pitolisant)

Background
Wakix (pitolisant) is a histamine-3 (H3) receptor antagonist/inverse agonist used for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy. Wakix's efficacy is thought to be mediated through its activity as an antagonist/inverse agonist at histamine-3 (H3) receptors (1).

Regulatory Status
FDA-approved indication: Wakix is a histamine-3 (H3) receptor antagonist/inverse agonist indicated for the: (1)

- treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy.
- treatment of excessive daytime sleepiness (EDS) in pediatric patients 6 years of age and older with narcolepsy.

Wakix is contraindicated in patients with severe hepatic impairment. Wakix is extensively metabolized by the liver and there is significant increase in Wakix exposure in patients with moderate hepatic impairment (1).

Wakix contains a warning that it can prolong the QT interval. The use of Wakix should be avoided in patients with known QT prolongation or in combination with other drugs known to prolong QT interval. Wakix should also be avoided in patients with a history of cardiac arrhythmias, as well as other circumstances that may increase the risk of the occurrence of

torsade de pointes or sudden death, including symptomatic bradycardia, hypokalemia, or hypomagnesemia, and the presence of congenital prolongation of the QT interval. Patients with hepatic or renal impairment should be monitored for increased QTc (1).

The safety and effectiveness of Wakix have not been established for treatment of EDS in pediatric patients less than 6 years of age with narcolepsy. The safety and effectiveness of Wakix have not been established for treatment of cataplexy in pediatric patients less than 18 years of age with narcolepsy (1).

Related Policies
Provigil-Nuvigil, Sunosi

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Wakix may be considered **medically necessary** if the conditions indicated below are met.

Wakix may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Excessive daytime sleepiness (EDS) due to narcolepsy
    a. 6 years of age or older
2. Cataplexy due to narcolepsy
    a. 18 years of age or older

AND ALL of the following:

a. Inadequate treatment response, intolerance, or contraindication to **ALL** of the following:
    i. Age 18 or older **only**: Provigil (modafinil) or Nuvigil (armodafinil)
    ii. Stimulant, such as amphetamine, methylphenidate, or dexmethylphenidate

b. Patient has had a baseline evaluation of moderate to severe excessive sleepiness using **ONE** of the following sleep scales:
    i. Epworth Sleepiness Scale (ESS)
    (i.e.: *http://www.sleepapnea.org/wp-content/uploads/2017/02/ESS-PDF-1990-97.pdf*)
    ii. Multiple Sleep Latency Test (MSLT)
c. Prescriber agrees to monitor for QTc prolongation
d. **NO** severe hepatic impairment (Child-Pugh Class C)

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Excessive daytime sleepiness (EDS) due to narcolepsy
    a. 6 years of age or older
2. Cataplexy due to narcolepsy
    a. 18 years of age or older

AND ALL of the following:

a. Patient has had an improvement using **ONE** of the following sleep scales:
    i. Epworth Sleepiness Scale (ESS)
    (i.e.: *http://www.sleepapnea.org/wp-content/uploads/2017/02/ESS-PDF-1990-97.pdf*)
    ii. Multiple Sleep Latency Test (MSLT)
b. Prescriber agrees to monitor for QTc prolongation
c. **NO** severe hepatic impairment (Child-Pugh Class C)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 35.6 mg per day

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Wakix (pitolisant) is a histamine-3 (H3) receptor antagonist/inverse agonist used for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy, and for the treatment of EDS in pediatric patients 6 years of age and older with narcolepsy. Wakix's efficacy is thought to be mediated through its activity as an antagonist/inverse agonist at histamine-3 (H3) receptors (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Wakix while maintaining optimal therapeutic outcomes.

References

1. Wakix [package insert]. Plymouth Meeting, PA: Harmony Biosciences, LLC; June 2024.

Policy History

Date	Action
September 2019	Addition to PA
December 2019	Annual review. Added "baseline evaluation of moderate to severe excessive sleepiness" per SME
October 2020	Addition of indication: cataplexy due to narcolepsy
December 2020	Annual review. Per FEP, revised initiation requirement to t/f Provigil or Nuvigil AND a stimulant
March 2021	Annual review
March 2022	Annual review and reference update
December 2023	Annual review and reference update. Changed policy number to 5.60.038
July 2024	Per PI update, reduced age for EDS with narcolepsy to 6 and older. Also changed quantity limit to 35.6 mg per day
September 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.