## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Pitolisant (Wakix)

#### Notes:

\* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

<u>Initiation (new start) criteria</u>: Non-formulary **pitolisant (Wakix)** will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Prescribed by a Sleep Specialist
- Prescribed for the treatment of excessive daytime sleepiness due to narcolepsy OR idiopathic hypersomnia
- Patient is 18 years of age or older
- Patient has failed a trial of, or patient has an allergy or intolerance\* to:
  - Modafinil or armodafinil AND
  - A stimulant medication (ie methylphenidate, dextroamphetamine, amphetamine salt combination, etc.) AND
  - o Solriamfetol (Sunosi), unless reason for contraindication is provided

<u>Criteria for current Kaiser Permanente members already taking the medication who</u>
<u>have not been reviewed previously</u>: Non-formulary <u>pitolisant (Wakix)</u> will be covered
on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

See above New Start criteria

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary pitolisant
(Wakix) will be covered on the prescription drug benefit for <u>12 months</u> when the following criteria are met:

- Patient is 18 years of age or older
- Patient has failed a trial of, or patient has an allergy or intolerance\* to:
  - Modafinil or armodafinil AND
  - A stimulant medication (ie methylphenidate, dextroamphetamine, amphetamine salt combination, etc.) AND
  - o Solriamfetol (Sunosi), unless reason for contraindication is provided

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# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Pitolisant (Wakix)

<u>Continued use criteria for patients stable on the medication</u>: Non-formulary **pitolisant (Wakix)** will continue to be covered on the prescription drug benefit for <u>24</u> months when the following criteria are met:

Continues to be prescribed by a Sleep Specialist

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