Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

Guideline Name	**Wakefulness Agents**: • Provigil (modafinil) and Nuvigil (armodafinil) • Sunosi (solriamfetol) • Wakix (pitolisant) • Xyrem (sodium oxybate)

1. Criteria

Product Name: **g**eneric modafinil, generic armodafinil	
Approval Length	24 Month(s)^
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - One of the following:

1.1. - Patient lives in Rhode Island or the prescribing provider's office is located in Rhode Island*

OR

1.2 - Both of the following:

1.2.1 - Medication is NOT being prescribed solely for a non-medical condition such as, but not limited to, the following:
- Shift work sleep disorder (works night shift, etc.)
- Generalized fatigue
- Travel induced sleep disorder (jet lag, etc.)
- Sleep-deprivation (i.e., military or academic)

AND

1.2.2 - Patient has ONE of the following conditions:
- Excessive daytime sleepiness associated with Narcolepsy OR Idiopathic Hypersomnia
- Obstructive Sleep Apnea/Hypopnea Syndrome
- Attention Deficit Hyperactivity Disorder (ADHD)
- Excessive daytime sleepiness associated with Depression
- Excessive daytime sleepiness associated with Multiple Sclerosis
- Cancer patient being treated with chemotherapy

Note:	^Please approve at MSC=Y. *Note: Requests for formulary medications will be approved for 24 months without meeting any additional criteria if the patient is living in Rhode Island or the prescribing provider's office is located in Rhode Island.

Product Name: generic modafinil, generic armodafinil	
Approval Length	24 Month(s)^
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - One of the following:

1.1 - Patient lives in Rhode Island or the prescribing provider's office is located in Rhode Island*

OR

1.2 - Provider has indicated an effective response with this medication or the need for continued therapy

Notes	^Please approve at MSC=Y. *Note: Requests for formulary medications will be approved for 24 months without meeting any additional criteria if the patient is living in Rhode Island or the prescribing provider's office is located in Rhode Island.

Product Name: Brand Provigil, Brand Nuvigil	
Approval Length	24 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Non-Formulary

Approval Criteria

1 - All of the following:

1.1 - Medication is NOT being prescribed solely for a non-medical condition such as, but not limited to, the following:

- Shift work sleep disorder (works night shift, etc.)
- Generalized fatigue
- Travel induced sleep disorder (jet lag, etc.)
- Sleep-deprivation (i.e., military or academic)

AND

1.2 - Patient has ONE of the following conditions:

- Excessive daytime sleepiness associated with Narcolepsy OR Idiopathic Hypersomnia
- Obstructive Sleep Apnea/Hypopnea Syndrome
- Attention Deficit Hyperactivity Disorder (ADHD)

- Excessive daytime sleepiness associated with Depression
- Excessive daytime sleepiness associated with Multiple Sclerosis
- Cancer patient being treated with chemotherapy

AND

1.3 - Patient has tried and failed therapy with BOTH of the preferred formulary alternatives:
- generic modafinil; AND
- generic armodafinil

Product Name: Brand Provigil, Brand Nuvigil	
Approval Length	24 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Non-Formulary

Approval Criteria

1 - Both of the following:

1.1 - Provider has indicated an effective response with this medication or the need for continued therapy

AND

1.2 - There is clinical rationale for NOT using the generic of the requested medication at this time

Product Name: Sunosi	
Approval Length	6 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - One of the following:

1.1 - All of the following:

1.1.1 - Diagnosis of excessive daytime sleepiness (EDS) due to narcolepsy

AND

1.1.2 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

1.1.3 - ALL of the following:

- Patient is 18 years of age or older; AND
- Patient has tried and failed therapy with ONE wakefulness promoting medication (i.e., modafinil [Provigil] or armodafinil [Nuvigil]) or the provider submitted clinical rationale for not using wakefulness promoting medications; AND
- Patient has tried and failed therapy with ONE stimulant medication (e.g., a methylphenidate-based or amphetamine-based medication) or the provider submitted clinical rationale for not using a stimulant

OR

1.2 - All of the following:

1.2.1 - Diagnosis of excessive daytime sleepiness (EDS) due to obstructive sleep apnea (OSA)

AND

1.2.2 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

1.2.3 - Documentation that the underlying airway obstruction is being treated (e.g., with continuous positive airway pressure [CPAP]) and will be concurrently with Sunosi (solriamfetol)

AND

1.2.4 - ALL of the following:

- Patient is 18 years of age or older; AND
- Patient has tried and failed therapy with ONE wakefulness promoting medication (i.e., modafinil [Provigil] or armodafinil [Nuvigil]) or the provider submitted clinical rationale for not using wakefulness promoting medications

Product Name: Sunosi	
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Diagnosis of excessive daytime sleepiness (EDS) due to narcolepsy or obstructive sleep apnea (OSA)

AND

2 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

3 - The patient experienced improvement from baseline based on reduction in daytime sleepiness, measured by improvement in the ESS (Epworth Sleepiness Scale) or the MWT (Maintenance of Wakefulness Test)

AND

4 - For treatment of excessive daytime sleepiness (EDS) due to obstructive sleep apnea (OSA) ONLY, patient is adherent to treatment(s) for the underlying airway obstruction (e.g., continuous positive airway pressure [CPAP])

Product Name: Wakix	
Approval Length	6 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

2 - Patient is 18 years of age or older

AND

3 - One of the following:

3.1 - Diagnosis of narcolepsy with cataplexy

OR

3.2 - Both of the following:

3.2.1 - Diagnosis of excessive daytime sleepiness (EDS) due to narcolepsy

AND

3.2.2 - ALL of the following:

- Patient has tried and failed therapy with ONE wakefulness promoting medication (i.e., modafinil [Provigil] or armodafinil [Nuvigil]) or the provider submitted clinical rationale for not using wakefulness promoting medications; AND
- Patient has tried and failed therapy with ONE stimulant medication (e.g., a methylphenidate-based or amphetamine-based medication) or the provider submitted clinical rationale for not using a stimulant; AND
- Patient has tried and failed therapy with Sunosi (solriamfetol) or the provider submitted clinical rationale for not using a Sunosi (solriamfetol)

Product Name: Wakix	
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Diagnosis of ONE of the following:
- Narcolepsy with cataplexy
- Excessive daytime sleepiness due to narcolepsy (without cataplexy)

AND

2 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

3 - The patient experienced improvement from baseline based on ONE of the following:
- Decrease in the frequency of cataplexy attacks
- Reduction in daytime sleepiness, measured by improvement in the ESS (Epworth Sleepiness Scale) or the MWT (Maintenance of Wakefulness Test)

Product Name: Xyrem	
Approval Length	6 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

2 - Patient is 7 years of age or older

AND

3 - One of the following:

3.1 - Diagnosis of narcolepsy with cataplexy

OR

3.2 - All of the following:

3.2.1 - Diagnosis of excessive daytime sleepiness due to narcolepsy (without cataplexy)

AND

3.2.2 - One of the following:

3.2.2.1 - All of the following:
- Patient is 18 years of age or older; AND
- Patient has tried and failed therapy with ONE wakefulness promoting medication (i.e., modafinil [Provigil] or armodafinil [Nuvigil]) or the provider submitted clinical rationale for not using wakefulness promoting medications; AND
- Patient has tried and failed therapy with ONE stimulant medication (e.g., a methylphenidate-based or amphetamine-based medication) or the provider submitted clinical rationale for not using a stimulant; AND
- Patient has tried and failed therapy with Sunosi (solriamfetol) or the provider submitted clinical rationale for not using Sunosi (solriamfetol)

OR

3.2.2.2 - Both of the following:
- Patient is 17 years of age or younger (must be at least 7 years of age); AND
- Patient has tried and failed therapy with ONE stimulant medication (e.g., a methylphenidate-based or amphetamine-based medication) or the provider submitted clinical rationale for not using a stimulant

Product Name: Xyrem	
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Diagnosis of ONE of the following:
- Narcolepsy with cataplexy
- Excessive daytime sleepiness due to narcolepsy (without cataplexy)

AND

2 - Prescribed by or in consultation with a neurologist or sleep specialist

AND

3 - The patient experienced improvement from baseline based on ONE of the following:
- Decrease in the frequency of cataplexy attacks
- Reduction in daytime sleepiness, measured by improvement in the ESS (Epworth Sleepiness Scale) or the MWT (Maintenance of Wakefulness Test)

2. Background

Benefit/Coverage/Program Information

RATIONALE

Provigil (modafinil) and Nuvigil (armodafinil):

- To ensure cost-effective utilization and that these agents are used only when medically necessary. Coverage is not provided for non-medical situations such as jet-lag, shift work sleep disorder, sleep deprivation, or generalized fatigue.

Sunosi (solriamfetol), Wakix (pitolisant), and Xyrem (sodium oxybate):

- To ensure the appropriate use and promote the use of preferred agents.

FDA APPROVED INDICATIONS

Provigil (modafinil) and Nuvigil (armodafinil) are indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome, and shift work sleep disorder.
Limitations of use: In OSA, Provigil and Nuvigil are indicated to treat excessive sleepiness and not as treatment for the underlying condition.

Sunosi (solriamfetol) is a dopamine and norepinephrine reuptake inhibitor (DNRI) indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA).
Limitations of use: Sunosi is not indicated to treat the underlying airway obstruction in OSA. Ensure that the underlying airway obstruction is treated (e.g., with continuous positive airway pressure [CPAP]) for at least one month prior to initiating Sunosi for excessive daytime sleepiness. Modalities to treat the underlying airway obstruction should be continued during treatment with Sunosi. Sunosi is not a substitute for these modalities.

Wakix (pitolisant) 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.

Xyrem (sodium oxybate) is a central nervous system depressant indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy.
Limitations of Use: Xyrem may only be dispensed to patients enrolled in the Xyrem REMS Program. Prescribers and patients can enroll at www.XYREMREMS.com or by calling 1-866-XYREM88 (1-866-997-3688). Xyrem is contraindicated in patients with succinic semialdehyde dehydrogenase deficiency and when used in combination with alcohol or sedative hypnotics. Safety and effectiveness in patients under 7 years of age have not been established.

DOSING

Provigil (modafinil)

- Narcolepsy or OSA: 200 mg once a day in the morning.
- SWD: 200 mg once a day, taken approximately one hour prior to start of the work shift.
- Severe Hepatic Impairment: reduce dose to half the recommended dose.
- Geriatric Patients: consider lower dose.

Nuvigil (armodafinil)

- OSA or Narcolepsy: 150 mg to 250 mg once a day in the morning.
- SWD: 150 mg once a day, taken approximately one hour prior to start of the work shift.

- Hepatic Impairment: reduced dose in patients with severe hepatic impairment.
- Geriatric Patients: consider lower dose.

Sunosi (solriamfetol)
Administer once daily upon awakening. Avoid administration within 9 hours of planned bedtime because of the potential to interfere with sleep.

- Starting dose for patients with narcolepsy: 75 mg once daily.
- Starting dose for patients with OSA: 37.5 mg once daily.
- Dose may be increased at intervals of at least 3 days.
- Maximum dose is 150 mg once daily.
- Renal impairment:
    - Moderate impairment: Starting dose is 37.5 mg once daily. May increase to 75 mg once daily after at least 7 days.
    - Severe impairment: Starting dose and maximum dose is 37.5 mg once daily.
    - End stage renal disease (ESRD): Not recommended.

Wakix (pitolisant)
Administer once daily in the morning upon wakening. The recommended dosage range is 17.8 mg to 35.6 mg daily.
Titrate dosage as follows:

- Week 1: Initiate with 8.9 mg once daily
- Week 2: Increase dosage to 17.8 mg once daily
- Week 3: May increase to the maximum recommended dosage of 35.6 mg once daily

Hepatic impairment:

- Moderate hepatic impairment: Initial dosage is 8.9 mg once daily. Titrate to a maximum dosage of 17.8 mg once daily after 14 days.

Renal impairment:

- Moderate and severe impairment: Initial dosage is 8.9 mg once daily. Titrate to maximum dosage of 17.8 mg once daily after 7 days
- End-stage renal disease (ESRD): Not recommended.

Poor Metabolizers of CYP2D6: Maximum recommended dosage is 17.8 mg once daily.

Xyrem (sodium oxybate)
For adults:

- Initial dosing: 4.5 g per night in 2 equal doses; the first dose taken at bedtime, and the second dose 2.5 to 4 hours later
- Dose may be increased or adjusted in weekly intervals
- Average dose 6 – 9 g/night (maximum dose: 9 g/night)

For pediatrics:

- Xyrem is administered orally twice nightly. The recommended starting pediatric dosage, titration, regimen, and maximum total nightly dosage are based on patient weight.
- For 20 kg to < 30 kg, the maximum recommended dosage is 3 g twice nightly.
- For 30 kg to < 45 kg, the maximum recommended dosage is 3.75 g twice nightly.
- For ≥ 45 kg, the maximum recommended dosage is 4.5 g twice nightly

REFERENCES

- Nuvigil (armodafinil) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA, Inc; July 2019.
- Provigil (modafinil) [prescribing information]. North Wales, PA: Teva Pharmaceuticals USA, Inc; July 2019.

- Sunosi (solriamfetol) [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals, Inc; June 2019.
- Wakix (pitolisant) [prescribing information]. Plymouth Meeting, PA: Harmony Biosciences LLC; October 2020.
- Xyrem (sodium oxybate) [prescribing information]. Palo Alto, CA. October 2018.
- Scammell, TE. Treatment of Narcolepsy in Adults. In: UpToDate, Eichler AF (ed), Waltham, MA. September 2020.
- Morgenthaler TI, Kapur VK, Brown T, et al; Standards of Practice Committee of the American Academy of Sleep Medicine. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin [published correction appears in *Sleep*. 2008;31(2): table of contents]. *Sleep*. 2007;30(12):1705-1711.
- Pepin JL. Evaluation and Management of Residual Sleepiness in Obstructive Sleep Apnea. In: UpToDate, Finlay G (ed), Waltham, MA. February 2020.
- Epstein LJ, Kristo D, Strollo PJ Jr, et al; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med*. 2009;5(3):263-276.

Created: 06/06
Revised: • Annual review: 1/1/20 • 10/14/20 - Annual review: background updates; no changes to criteria; combination of Sunosi (created: 3/16/20 and effective: 5/15/20), Wakix (created: 3/16/20 and effective: 5/15/20), and Xyrem (created: 6/17 and last revision effective: 5/15/20) into Wakefulness agents guideline; added criteria for expanded indication for Wakix for the treatment of narcolepsy with cataplexy at parity to Xyrem
P&T Approval: 12/7/20
Effective: 1/1/21