

POLICY NAME	Wakix (pitolisant)	POLICY #	2765P
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Criteria

Coverage Criteria for Narcolepsy

- ☐ 1.1 Documented diagnosis of cataplexy or excessive daytime sleepiness with narcolepsy, confirmed by sleep lab evaluation
- ☐ 1.2 Ordered by a neurologist (nervous system doctor) or sleep specialist
- ☐ 1.3 Documented failure, intolerance, or contraindication to armodafinil or modafinil (adults only)
- ☐ 1.4 Documented failure, intolerance, or contraindication to Sunosi (adults only)