Introduction

Excessive daytime sleepiness is a common complaint among those with sleep-related problems. Excessive daytime sleepiness itself is not a disorder. However, it can be a symptom caused by other medical problems. These are conditions like narcolepsy, obstructive sleep apnea, and Parkinson disease. People with daytime sleepiness describe feeling drowsy or sluggish most of the time. These symptoms can interfere with work or school. They also can increase the risk of accidents on the road or at work. The first step in treating daytime sleepiness is evaluating its underlying cause. In some cases, medication may be an appropriate treatment. This policy describes when medications may be medically necessary for specific types of sleep disorders and excessive daytime sleepiness.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| Xyrem® (sodium oxybate) | **Xyrem® (sodium oxybate) may be considered medically necessary for the following labeled indications:**  
  - Treatment of cataplexy in narcolepsy patients 7 years and older and when cataplexy is documented by:  
    - Brief episodes of sudden bilateral loss of muscle tone with maintained consciousness that are precipitated by laughter or joking  
    - OR  
    - In children or in individuals within 6 months of onset, spontaneous grimaces or jaw-opening episodes with tongue thrusting or a global hypotonia, without any obvious emotional triggers  
  - OR  
  - Treatment of excessive daytime sleepiness (recurrent periods within the same day of an irrepressible need to sleep, lapsing into sleep, or napping, that have been occurring at least 3 times per week over at least the previous 3 months) in narcolepsy patients, when ALL of the following conditions are met:  
    - Diagnosis of narcolepsy* has been documented by a sleep study  
    - OR  
    - Prior therapy with a stimulant medication (eg, methylphenidate) was ineffective, not tolerated or contraindicated  
    - OR  
    - Prior therapy with modafinil (Provigil®) or armodafinil (Nuvigil®) was ineffective, not tolerated, or contraindicated  
    - AND  
    - Dose prescribed is ≤ 9 grams per day  
    - AND  
    - Xyrem® (sodium oxybate) is not used in combination with Sunosi™ (solriamfetol) or Wakix® (pitolisant)  
  
*Diagnosis of narcolepsy is defined as recurrent periods of excessive daytime sleepiness (recurrent periods within the same day of an irrepressible need to sleep, lapsing into sleep,
Drug | Medical Necessity
---|---

or napping, that have been occurring at least 3 times per week over at least the previous 3 months), and at least one of the following:

- Episodes of cataplexy

OR

- Nocturnal sleep polysomnography (PSG) showing rapid eye movement (REM) sleep latency \( \leq 15 \) minutes

OR

- Multiple sleep latency (MSLT) showing a mean sleep latency \( \leq 8 \) minutes and 2 or more sleep onset REM periods

Medical records showing diagnosis suggestive of narcolepsy is not considered diagnostic of narcolepsy. For patients unable to discontinue REM suppressing medications who do not meet the MSLT criteria, the diagnosis of narcolepsy will be determined on a case-by-case basis.

Note: Requirement trial with a stimulant and modafinil/armodafinil may be waived if medical records show symptoms consistent with cataplexy.

<table>
<thead>
<tr>
<th>Sunosi™ (solriamfetol)</th>
<th>Sunosi™ (solriamfetol) may be considered medically necessary for the following labeled indications:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Treatment of excessive daytime sleepiness (recurrent periods within the same day of an irrepresible need to sleep, lapsing into sleep, or napping, that have been occurring at least 3 times per week over at least the previous 3 months) in adult patients with narcolepsy or obstructive sleep apnea, when ALL of the following conditions are met:</td>
</tr>
<tr>
<td></td>
<td>o Diagnosis of narcolepsy* or obstructive sleep apnea** has been documented by a sleep study</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
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<tr>
<td>AND</td>
<td>Dose prescribed is ≤ 150 mg once daily</td>
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<tr>
<td>AND</td>
<td>Sunosi™ (solriamfetol) is not used in combination with Wakix® (pitolisant) or Xyrem® (sodium oxybate)</td>
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*Diagnosis of narcolepsy is defined as recurrent periods of excessive daytime sleepiness (recurrent periods within the same day of an irrepressible need to sleep, lapsing into sleep, or napping, that have been occurring at least 3 times per week over at least the previous 3 months), and at least one of the following:*

- Episodes of cataplexy
- **OR**
  - Nocturnal sleep polysomnography (PSG) showing rapid eye movement (REM) sleep latency ≤ 15 minutes
- **OR**
  - Multiple sleep latency (MSLT) showing a mean sleep latency ≤ 8 minutes and 2 or more sleep onset REM periods

**Diagnosis of obstructive sleep apnea in adults is defined as:***

- The apneic/hypopneic index (AHI) is ≥ 15 events per hour, including a minimum of 30 events documented per sleep study
- **OR**
  - The AHI is ≥ 5 events per hour and < 15 events per hour, including a minimum of 10 events documented per sleep study, AND documentation of:
    - History of stroke; **OR**
    - Hypertension (systolic blood pressure > 140 mg Hg and/or diastolic blood pressure > 90 mm Hg); **OR**
    - Ischemic heart disease; **OR**
    - Symptoms of impaired cognition, mood disorders, or insomnia; **OR**
    - Excessive daytime sleepiness (documented by either Epworth Sleepiness Scale > 10 or MSLT < 6); **OR**
    - Greater than 20 episodes of desaturation (ie, oxygen saturation of less than 85%) during a full night sleep study,
<table>
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<tr>
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<td>or any 1 episode of oxygen desaturation (ie, oxygen saturation of less than 70%); <strong>OR</strong></td>
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<tr>
<td></td>
<td>o Obesity (BMI &gt; 35)</td>
</tr>
<tr>
<td><strong>Wakix® (pitolisant)</strong></td>
<td><strong>Wakix® (pitolisant) may be considered medically necessary for the following labeled indications:</strong></td>
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<td>• Treatment of excessive daytime sleepiness (recurrent periods within the same day of an irrepressible need to sleep, lapsing into sleep, or napping, that have been occurring at least 3 times per week over at least the previous 3 months) in adult patients with narcolepsy when ALL of the following conditions are met:</td>
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<td>o Prior therapy with modafinil (Provigil®) or armodafinil (Nuvigil®) was ineffective, not tolerated or contraindicated <strong>AND</strong></td>
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<tr>
<td></td>
<td>o Patient does not have severe hepatic impairment (<strong>Child-Pugh C</strong>) as documented by laboratory tests <strong>AND</strong></td>
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<tr>
<td></td>
<td>o Dose prescribed is ≤ 35.6 mg once daily <strong>AND</strong></td>
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<tr>
<td></td>
<td>o Wakix® (pitolisant) is not used in combination with Sunosi™ (solriamfetol) or Xyrem® (sodium oxybate)</td>
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*Diagnosis of narcolepsy is defined as recurrent periods of excessive daytime sleepiness (recurrent periods within the same day of an irrepressible need to sleep, lapsing into sleep, or napping, that have been occurring at least 3 times per week over at least the previous 3 months), and at least one of the following:
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<td>• Episodes of cataplexy OR • Nocturnal sleep polysomnography (PSG) showing rapid eye movement (REM) sleep latency ≤ 15 minutes OR • Multiple sleep latency (MSLT) showing a mean sleep latency ≤ 8 minutes and 2 or more sleep onset REM periods</td>
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**Medical records showing diagnosis suggestive of narcolepsy are not considered diagnostic. For patients unable to discontinue REM suppressing medications who do not meet the MSLT criteria, the diagnosis of narcolepsy will be determined on a case-by-case basis.**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xyrem® (sodium oxybate), Sunosi™ (solriamfetol), Wakix® (pitolisant)</td>
<td>All other uses of Xyrem® (sodium oxybate), Sunosi™ (solriamfetol), or Wakix® (pitolisant) for conditions not outlined in this policy are considered investigational.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Approval</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial authorization</strong></td>
<td>Xyrem® (sodium oxybate), Sunosi™ (solriamfetol), or Wakix® (pitolisant) may be approved up to 1 year.</td>
</tr>
<tr>
<td><strong>Re-authorization criteria</strong></td>
<td>Future re-authorization of Xyrem® (sodium oxybate) may be approved up to 1 year in duration when documentation provided at the time of re-authorization show: • Diagnosis of narcolepsy has been documented by a sleep study performed prior to starting Xyrem®  o <strong>Note:</strong> This requirement only applies to patients started on Xyrem® with a prior insurer or for patients who had grandfathering for Xyrem® removed  AND • Documentation of continued clinical response  AND • Dose prescribed is ≤ 9 grams per day</td>
</tr>
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<td>Length of Approval</td>
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<td>Criteria</td>
</tr>
<tr>
<td></td>
<td><strong>Future re-authorization of Sunosi™ (solriamfetol) may be approved up to 1 year in duration when documentation provided at the time of re-authorization show:</strong></td>
</tr>
</tbody>
</table>
|                    | • Diagnosis of narcolepsy or obstructive sleep apnea has been documented by a sleep study performed prior to starting Sunosi™  
|                    |   o **Note:** This requirement only applies to patients started on Sunosi™ with a prior insurer |
|                    | • Documentation of continued clinical response |
|                    | **AND** |
|                    | • Dose prescribed is ≤ 150 mg once daily |
|                    | **Future re-authorization of Wakix® (pitolisant) may be approved up to 1 year in duration when documentation provided at the time of re-authorization show:** |
|                    | • Diagnosis of narcolepsy has been documented by a sleep study performed prior to starting Wakix®  
|                    |   o **Note:** This requirement only applies to patients started on Wakix® with a prior insurer |
|                    | **AND** |
|                    | • Documentation of continued clinical response |
|                    | **AND** |
|                    | • Dose prescribed is ≤ 35.6 mg once daily |
Drug Dosage and Quantity Limit

**Xyrem® (sodium oxybate)**
- Xyrem 0.5 g per mL, quantity limit of 270 grams (540 mL; 3 bottles) per 30 days
- Doses greater than 9 grams per day are not supported by clinical evidence and therefore are considered not medically necessary.

**Sunosi™ (solriamfetol)**
- Sunosi™ 75 mg tablet, quantity limit of 60 tablets per 30 days
- Sunosi™ 150 mg tablet, quantity limit of 30 tablets per 30 days
- Doses greater than 150 mg once daily are not supported by clinical evidence and therefore are considered not medically necessary.

**Wakix® (pitolisant)**
- Wakix® 17.8 mg tablet, quantity limit of 60 tablets per 30 days
- Doses greater than 35.6 mg once daily are not supported by clinical evidence and therefore are considered not medically necessary.

**Documentation Requirements**

The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the relevant history, diagnosis and medication history

AND

- Documented sleep study results when required

**Child-Pugh Score**

Child Pugh Score is a scoring system used to measure the severity of chronic liver disease (including cirrhosis). The purpose of this scoring system is to allow clinicians to objectively describe liver function.

The score is composed of the following components:

- Total bilirubin (mg/dL):
  - <34: 1 point
  - 34 to 50: 2 points
  - >50: 3 points
- Serum albumin (g/L):
### Child-Pugh Score

- **INR:**
  - $<1.7$: 1 point
  - 1.7 to 2.3: 2 points
  - $>2.3$: 3 points

- **Presence/absence of ascites:**
  - None: 1 point
  - Mild: 2 points
  - Moderate to severe: 3 points

- **Presence/absence of hepatic encephalopathy:**
  - None: 1 point
  - Grades I to II (or suppressed with medication): 2 points
  - Grades III to IV (or refractory): 3 points

- **Then the point scores are added together and classified as follows:**
  - Class A: 5 to 6 points (well-compensated disease)
  - Class B: 7 to 9 points (significant functional compromise)
  - Class C: 10 to 15 points (decompensated disease)

- **If patient has primary biliary cirrhosis or sclerosing cholangitis, then bilirubin is classified differently:**
  - $<68$: 1 point
  - 68 to 170: 2 points
  - $>170$: 3 points

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**Coding**

N/A

**Related Information**
Consideration of Age

The ages noted in the policy statement for Xyrem® (sodium oxybate), Sunosi™ (solriamfetol), and Wakix® (pitolisant) are based on FDA approval.

Benefit Application

This policy is managed through the pharmacy benefit.

Evidence Review

Background

Excessive daytime sleepiness (EDS) is defined as the inability to stay awake and alert during usual waking hours that occurs almost daily and persists for at least three months. Among obstructive sleep apnea (OSA) patients, men are twice as likely as women to suffer from EDS. Approximately 7.5 million Americans suffer from EDS due to OSA or narcolepsy. EDS puts patients at increased risk of impaired cognitive functioning and accidental injuries, as well as decreased work productivity and quality of life. Tiredness, fatigue, and lack of energy are common complaints. The potential causes of EDS are numerous and fall under several general classifications: central disorders (eg, narcolepsy), breathing disorders (eg, OSA), circadian rhythm issues (eg, jet lag), movement disorders (eg, restless leg syndrome), psychiatric disorders, substance abuse, and various diseases (eg, Parkinson).

Summary of Evidence

Xyrem® (sodium oxybate)

Xyrem® (sodium oxybate) is a CNS depressant. The mechanism of action of Xyrem in the treatment of narcolepsy is unknown. Sodium oxybate is the sodium salt of gamma hydroxybutyrate (GHB), an endogenous compound and metabolite of the neurotransmitter GABA. Abuse or misuse of illicit GHB is associated with CNS adverse reactions, including seizure, respiratory depression, decreased consciousness, coma and death. It is hypothesized that the therapeutic effects of Xyrem on cataplexy and excessive daytime sleepiness are mediated...
through GABA-B actions at noradrenergic and dopaminergic neurons, as well as at thalamocortical neurons. Xyrem is a Schedule III controlled substance. Because of its abuse/diversion potential, it is only available from a single pharmacy through a limited distribution scheme, the Xyrem Success Program. Both prescribers and patients must be registered in this program to obtain the drug. Serious side effects observed in patients taking Xyrem include hallucinations, agitation, severe confusion, abnormal thinking, sleep disturbances and depression.

The efficacy of Xyrem in the treatment of cataplexy was evaluated in two 4-week randomized, double-blind, placebo-controlled, multicenter, parallel-group trials, n=136 and 55 respectively. The high percentages of concomitant stimulant use in these studies make it impossible to assess the efficacy and safety independent of stimulant use. Doses of 6-9 g per night resulted in statistically significant reductions in frequency of cataplexy attacks. The 3 g per night dose had little effect. Overall, the evidence supporting this indication is of low quality.

The efficacy of Xyrem in the treatment of excessive daytime sleepiness in patients with narcolepsy was evaluated in an 8-week randomized, double-blind, placebo-controlled trial, n=228. Most of these patients were also being treated with CNS stimulants. Statistically significant improvements in Epworth Sleepiness Scores (ESS) were seen with 6 and 9 g doses. A second multicenter randomized, double-blind, placebo-controlled, parallel-group trial evaluated 222 patients on modafinil at baseline, who were randomized to placebo, Xyrem, modafinil, or Xyrem plus modafinil. Xyrem dose was 6g per night for 4 weeks, followed by 9g per night for 4 weeks. Modafinil was continued in the modafinil groups at the patient’s prior dose. A statistically significant improvement in in the Maintenance of Wakefulness Test (MWT) score from baseline at Week 8 was seen in the Xyrem and Xyrem plus modafinil groups compared to placebo. The trial was not designed to compare Xyrem with modafinil.

Studies have been conducted to demonstrate the efficacy of Xyrem in fibromyalgia patients; however, all of these have been placebo-controlled. In 2010, FDA rejected an application for use in fibromyalgia. FDA panel members expressed serious concerns about the potential for abuse and diversion of sodium oxybate. This concern was felt to outweigh any benefits that might accrue and is supported by the lack of any head-to-head comparison with alternative treatments for fibromyalgia, none of which have the level of abuse potential seen with Xyrem.

**Sunosi™ (solriamfetol)**

The mechanism of action of Sunosi™ (solriamfetol) is unclear; however, it’s efficacy could be mediated through its activity as a dopamine and norepinephrine reuptake inhibitor. The
published pivotal trials evaluating the efficacy and safety of Sunosi in excessive daytime sleepiness (EDS) are referred to as the TONES trials (Treatment of OSA and Narcolepsy Excessive Sleepiness). TONES 2 is a fair quality, unpublished, randomized controlled trial (RCT) that enrolled 239 adults with narcolepsy and EDS. Maintenance of Wakefulness Test (MWT) was improved in all Sunosi groups compared to placebo, but these differences were statistically significant in only the 300mg and 150mg groups (12.3 and 9.8 vs. 2.1, p<0.05). It is uncertain if this 7.7 to 10.2 minute increase in sleep latency is clinically meaningful. Sunosi improved Epworth Sleepiness Score (ESS) compared to placebo, but only the 300mg group had both a statistically and clinically significant treatment effect (-6.4 vs. -1.6, p<0.05). There was a clear dose-response relationship seen in both MWT and ESS.

TONES 3&4 are two fair quality, published, RCTs that enrolled 648 adults with OSA and EDS. In TONES 3 all doses of Sunosi (37.5mg-300mg) improved ESS and MWT compared to placebo (p<0.05). MWT scores showed a dose-response, with treatment effect values ranging from 4.5 to 12.8 (low dose to high dose Sunosi). The placebo-adjusted change in ESS was clinically meaningful in only the 300mg and 150mg groups (-4.7 and -4.5, respectively). There was a dose-response between high and low dose groups, however, the benefit appeared to plateau at 150mg. In TONES 4 the end of treatment differences between Sunosi (pooled data of all doses) and placebo were statistically significant for MWT (12.1), ESS (-4.4), and Functional Outcomes of Sleep Questionnaire-10 (1.0). The magnitude of benefit in ESS was clinically meaningful, but the observed treatment effect on functional score (Functional Outcomes of Sleep Questionnaire-10) was not clinically meaningful.

Available safety data are limited to 8-12 weeks of observation in the pivotal trials described above. Serious adverse events (SAEs) were few and none were deemed related to treatment. Most adverse events were mild to moderate in nature and resolved without intervention. The most common AEs across trials were headache, nausea, decreased appetite, and anxiety. A human use liability (HAL) study in 43 adult recreational drug users showed Sunosi was similar in abuse potential to phenteramine, a stimulant assigned to Schedule IV, and greater than that of placebo. Of note, this study included doses of Sunosi that were up to four times greater than those studied in pivotal trials.

**Wakix® (pitolisant)**

Pitolisant is a histamine-3 (H3) receptor antagonist/inverse agonist and was studied in two pivotal trials. HARMONY I is a double-blind, randomized, parallel-group controlled trial conducted in 32 sleep disorder centers in 5 European countries. After at least 14 days of no psychostimulant, patients were randomized (1:1:1) to receive either pitolisant, modafinil, or
placebo. Treatment lasted 8 weeks: 3 weeks of tapering dosing according to response (10 mg, 20 mg, or 40 mg a day of pitolisant; 100 mg, 200 mg, or 400 mg a day of modafinil) followed by 5 weeks of stable dosing. There were two primary endpoints being difference in change in Epworth sleepiness scale (ESS) score between pitolisant and placebo group after 8-week treatment period (superiority test) and difference in change in (ESS) score between pitolisant and modafinil after 8-week treatment period (non-inferiority test). The mean difference in ESS score of -3.0 (95% CI -5.6 to -0.4 p=0.024) showed pitolisant to be superior to placebo, but not non-inferior to modafinil with an ESS score mean difference of 0.12 (95% CI -2.5 to 2.7 p=0.250). The non-inferiority margin was 2 ESS points. Maintenance of wakefulness test (MWT) values improved in pitolisant groups compared to placebo’s mean difference of 1.47 (1.01 to 2.14, p=0.044), but no statistically significant difference compared to modafinil with a mean difference of 0.77 (0.52 to 1.13, p=0.173). The total sustained attention to response task (SART) score showed no difference in changes from baseline between either pitolisant versus placebo or pitolisant versus modafinil. The proportion of patients who had improved in excessive daytime sleepiness (EDS) assessed with the clinical global impression of change (CGI-C) by the end of treatment was largest in modafinil group (86%), then pitolisant group (73%), and smallest in placebo group (56%). There was also little difference in severity of cataplexy assessed with CGI-C. European quality of life questionnaire (EQ-5D) values were much the same in the 3 groups, whereas the patients local impression on treatment improved only slightly more for pirolisant or modafinil than for placebo.

HARMONY CPT is a randomized, double-blind, placebo-controlled trial conducted in 9 countries (Bulgaria, Czech Republic, Hungary, Macedonia, Poland, Russia, Serbia, Turkey, and Ukraine). Similar to HARMONY I, after 14 days of washout period, patients were randomized (1:1) to either receive pitolisant or placebo once per day. Treatment was 7 weeks: 3 weeks of tapering dosing based on efficacy and tolerance (5 mg, 10 mg, or 12 mg pitolisant), followed by 4 weeks of stable dosing (5 mg, 10 mg, 20 mg, or 40 mg). The primary endpoint was change in average weekly cataplexy rate (WCR). Pitolisant reduced cataplexy by 75% (WCR = 0.25), which is more than placebo did (38%, WCR=0.62).

The most common adverse reaction for pitolisant were headaches (35%), insomnia (10%), nausea (6%), and anxiety (5%). Pitolisant is contraindicated in patients with severe hepatic impairment and should be administered with caution in patients with moderate hepatic impairment or renal impairment. There is a risk of mild to moderate prolongation of QTc interval with supratherapeutic doses of pitolisant, therefore monitoring is required in patients with cardiac disease, those taking other QT-prolonging medication, and medications known to increase pitolisant levels (CYP2D6 inhibitors).
Ongoing and Unpublished Clinical Trials

An unpublished meta-analysis of six randomized control trials involving subjects with obstructive sleep apnea (OSA) and excessive daytime sleepiness (EDS) showed there was no clinically meaningful difference in Epworth Sleepiness Score (ESS) outcomes between Sunosi 150mg daily and modafinil 200mg or 400mg daily [-1.7 (95% CI -3.3, -0.01) and -1.7 (-3.3, -0.04), respectively]. The forty-minute Maintenance of Wakefulness Test (MWT) results were not shown for modafinil, so could not be compared to Sunosi trial results.

2020 Update

Reviewed prescribing information for all drugs in policy and the diagnostic criteria for narcolepsy and obstructive sleep apnea. Added criteria that Xyrem® (sodium oxybate), Sunosi™ (solriamfetol), and Wakix® (pitolisant) are not to be used as combination therapy with each other as efficacy and safety has not been evaluated. No additional changes were identified for policy.

References


## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/19</td>
<td>New policy, approved May 14, 2019. Xyrem (sodium oxybate) moved from policy 5.01.605. Criteria added for Sunosi (solriamfetol).</td>
</tr>
<tr>
<td>04/01/20</td>
<td>Interim Review, approved March 3, 2020. Added under diagnosis of narcolepsy that for patients unable to discontinue REM suppressing medications who do not meet the MSLT criteria, the diagnosis of narcolepsy will be determined on a case-by-case basis.</td>
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<tr>
<td>05/01/20</td>
<td>Annual Review, approved April 23, 2020. Added criteria that Xyrem (sodium oxybate), Sunosi (solriamfetol), and Wakix (pitolisant) are not to be used as combination therapy with each other.</td>
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</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

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  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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Toll free 855-332-6396, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@LifeWiseHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/office/file/index.html.


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This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Washington. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-592-6804 (TTY: 800-842-5357).

中文 (Chinese):
本通知有重要的訊息。本通知可能會有關於您透過 LifeWise Health Plan of Washington 提交的申請或保險的重要訊息。本通知內可能會有重要日期。您可能會需要在截止日期之前採取行動。以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-592-6804 (TTY: 800-842-5357).

Français (French):

Deutsche (German):

Italiano (Italian):
LifeWise Health Plan of Washington 該通知中列出了有可能需要采取的行动。如果您希望的语言列表中没有您的语言，请使用英语。

(Farsi): 

باید در این مدت برای جلوگیری از لغو coverage واکنش نماید.

(Polish): 

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnoszące się do terminów personelu lub zakresu świadczeń poprzez LifeWise Health Plan of Washington. Prosimy zwrócić uwagę na kluczowe daty, które mogą być ważne dla Waszych potrzeb.

(Portuguese): 


(Ukrainian): 

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через LifeWise Health Plan of Washington. Визначте увагу на ключові дати, які можуть бути важливі для Ваших потреб.

(Vietnamese): 


(Russian): 

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через LifeWise Health Plan of Washington. В настоящем уведомлении могут быть указаны ключевые даты. Вы, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-592-6804 (TTY: 800-842-5357).

(Romanian): 


(Spanish): 

Este aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Washington. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información en su idioma sin costo alguno. Llame al 800-592-6804 (TTY: 800-842-5357).

(Tagalog): 


(Thai): 

ประกาศนี้มีสาระสำคัญ ประกาศนี้เป็นสาระสำคัญเกี่ยวกับการขอรับความช่วยเหลือสุขภาพของคุณสุขภาพของคุณผ่าน LifeWise Health Plan of Washington และมีข้อมูลที่จำเป็นในการระบุนี้คุณจะต้องดำเนินการภายในระยะเวลาที่แน่นอนเพื่อการขอรับบริการสุขภาพของคุณที่คุณได้แจ้งไว้ในประกาศนี้คุณมีสิทธิ์ที่จะมีการขอรับบริการสุขภาพของคุณได้ โปรดติดต่อ 800-592-6804 (TTY: 800-842-5357).

(Vietnamese): 