

Pitolisant hydrochloride for the treatment of narcolepsy with or without cataplexy in adults

NHS Devon

Commissioning policy

The routine commissioning of pitolisant hydrochloride is only accepted in Devon for the treatment of narcolepsy with cataplexy in adults aged 19 years and over who would otherwise be eligible for treatment with sodium oxybate in line with the NHS Devon clinical commissioning policy for sodium oxybate for narcolepsy with cataplexy.

Pitolisant is not routinely commissioned for the treatment of patients with narcolepsy without cataplexy.

The Formulary Interface Group should include this in locally defined treatment recommendations.

Rationale for the decision

Pitolisant hydrochloride is an antagonist/inverse agonist of the histamine H3 receptor and is licensed for the treatment of narcolepsy with or without cataplexy in adults.

Evidence from clinical trials demonstrates that pitolisant hydrochloride is more efficacious than placebo but failed to demonstrate non-inferiority to modafinil.

There is no evidence that patients who have failed to obtain a satisfactory response to standard medications respond better to pitolisant. It is significantly more costly than modafinil and other drugs routinely used for narcolepsy, and the improvement in narcolepsy symptoms it achieves are considered poor value for money.

However, pitolisant has a lower acquisition cost than sodium oxybate, which the ICB commissions for use in adults who have narcolepsy with cataplexy under certain circumstances (refer to the sodium oxybate for narcolepsy with cataplexy policy).

Pitolisant offers a treatment option for narcolepsy with cataplexy which offers value for money for the NHS if it successfully manages a patient's symptoms without the need to escalate treatment to the more costly sodium oxybate.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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