UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Xyrem, Xywav

Program	Prior Authorization
Medication	Xyrem® (sodium oxybate), Xywav™ (calcium, magnesium, potassium, and sodium oxybates)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, South Carolina, Rhode Island
Issue Date	12/2012
Pharmacy and Therapeutics Approval Date	12/2020
Effective Date	3/2021

1. Background:

Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates) are central nervous system depressants indicated for the treatment of excessive daytime sleepiness (EDS) and cataplexy in patients with narcolepsy.

Xyrem and Xywav are classified as a Schedule III controlled substance by Federal law. The active ingredient, sodium oxybate or gamma-hydroxybutyrate (GHB), is listed in the most restrictive schedule of the Controlled Substances Act (Schedule I). Thus, non-medical uses are classified under Schedule I.

Xyrem and Xywav are available only through a REMS programs with restricted distribution. The REMS Program provides educational materials to the prescriber and the patient explaining the risks and proper use of Xyrem and Xywav, and the required prescription form. Once it is documented that the patient has read and/or understood the materials, the drug will be shipped to the patient. The REMS Program also recommends patient follow-up every 3 months. Physicians are expected to report all serious adverse events to the manufacturer.

Black boxed warnings include central nervous system depression and misuse and abuse.

2. Coverage Criteria:

A. <u>Narcolepsy with Cataplexy (i.e., Narcolepsy Type 1)</u>

1. <u>Initial Authorization</u>

a. **Xyrem** or **Xywav** will be approved based on **<u>all</u>** of the following criteria:

(1) Submission of medical records (e.g. chart notes, laboratory values) documenting a diagnosis of narcolepsy *with* cataplexy (i.e., Narcolepsy Type 1) with **both** of the following:

(a) The patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least three months.

-AND-

(b) A mean sleep latency of ≤ 8 minutes and two or more sleep onset REM periods (SOREMPs) on an MSLT performed according to standard techniques following a normal overnight polysomnogram. A SOREMP (within 15 minutes of sleep onset) on the preceding nocturnal polysomnogram may replace one of the SOREMPs on the MSLT.

-AND-

(2) Physician attestation to **both** of the following:

(a) Patient has experienced cataplexy defined as more than one episode of sudden loss of muscle tone with retained consciousness

-AND-

(b) Other causes of sleepiness have been ruled out or treated (including but not limited to obstructive sleep apnea, insufficient sleep syndrome, shift work, the effects of substances or medications, or other sleep disorders).

-AND-

(3) Prescribed by **one** of the following:

(a) Neurologist

(b) Psychiatrist

(c) Sleep Medicine Specialist

Authorization will be issued for 12 months.

2. Reauthorization

a. **Xyrem** or **Xywav** will be approved for continuation of therapy based on **one** of the following criteria:

(1) Documentation demonstrating a reduction in frequency of cataplexy attacks associated with therapy

–OR–

(2) Documentation demonstrating reduction in symptoms of excessive daytime sleepiness associated with therapy

Authorization will be issued for 12 months.

B. Narcolepsy without Cataplexy (i.e., Narcolepsy Type 2)

1. Initial Authorization

a. **Xyrem** or **Xywav** will be approved based on **all** of the following criteria:

(1) Submission of medical records (e.g. chart notes, lab values) documenting a diagnosis of narcolepsy *without* cataplexy (i.e., Narcolepsy Type 2) with **both** of the following:

(a) The patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least three months.

(b) A mean sleep latency of ≤ 8 minutes and two or more sleep onset REM periods (SOREMPs) are found on a MSLT performed according to standard techniques following a normal overnight polysomnogram. A SOREMP (within 15 minutes of sleep onset) on the preceding nocturnal polysomnogram may replace one of the SOREMPs on the MSLT.

–AND-

(2) Physician attestation to **both** of the following:

(a) Cataplexy is absent.

(b) Other causes of sleepiness have been ruled out or treated (including but not limited to obstructive sleep apnea, insufficient sleep syndrome, shift work, the effects of substances or medications or their withdrawal, sleep phase disorder, or other sleep disorders).

–AND–

(3) History of failure, contraindication, or intolerance of **both** of the following:

(a) **One** of the following:

i. Amphetamine based stimulant (e.g., amphetamine, dextroamphetamine)
ii. Methylphenidate based stimulant

–AND–

(b) armodafanil (Nuvigil)

–AND–

(4) History of failure, contraindication, or intolerance to Sunosi (solriamfetol)

–AND–

(5) Prescribed by **one** of the following:

(a) Neurologist

(b) Psychiatrist

(c) Sleep Medicine Specialist

Authorization will be issued for 12 months.

2. Reauthorization

a. **Xyrem** or **Xywav** will be approved for continuation of therapy based on the following criteria:

(1) Documentation demonstrating reduction in symptoms of excessive daytime sleepiness associated with therapy

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Xyrem [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; October 2018.
2. American Academy of Sleep Medicine. International Classification of Sleep Disorders: Diagnostic and Coding Manual [online]. 3rd ed. Westchester, IL: American Academy of Sleep Medicine; 2014.
3. Morgenthaler TI1, Kapur VK, Brown T, et al. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin. Sleep. 2007 Dec; 30(12):1705-11.
4. Wise MS1, Arand DL, Auger RR, et al. Treatment of narcolepsy and other hypersomnias of central origin. Sleep. 2007 Dec;30(12):1712-27.
5. Sunosi [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; March 2019.
6. Xywav [package insert]. Palo, Alto, CA: Jazz Pharmaceuticals, Inc.; July 2020.

Program	Prior Authorization –Xyrem (sodium oxybate)
Change Control	
Date	Change
12/2012	New clinical policy
3/2013	Updated indications section Added requirement that the patient have symptoms of excessive daytime sleepiness and/or cataplexy (section III.A.1.b) Removed age requirement in section III.A.1 Updated references and dosing section
9/2015	Criteria were separated into two distinct sets of Narcolepsy with Cataplexy (Narcolepsy Type 1) and Narcolepsy without Cataplexy (Narcolepsy Type 2).

	▪ For Narcolepsy Type 1, revised cataplexy criteria verbiage from “documentation of symptoms of cataplexy associated with narcolepsy” to “symptoms of cataplexy are present”. ▪ For Narcolepsy Type 2, a criterion that “symptoms of cataplexy are absent” was added.. ▪ Added/revised the requirement for “symptoms of excessive daytime sleepiness (eg, irrepressible need to sleep or daytime lapses into sleep)” to Narcolepsy Type 1 and Type 2 criteria, respectively. ▪ Removed requirement for trial and failure to treatment with an antidepressant for Narcolepsy Type 1 based on consultant feedback. ▪ Increased initial authorization period from 3 to 6 months for both Narcolepsy Type 1 and Type 2. ▪ For Narcolepsy Type 2, revised reauthorization criteria to remove “documentation demonstrating a reduction in the frequency of cataplexy attacks” as an option for approval and now require only “documentation demonstrating a reduction in symptoms of excessive daytime sleepiness associated with Xyrem therapy”.
7/2016	Updated clinical criteria to align with E&I. Updated policy template.
3/2017	Updated policy template. Updated initial authorization durations to 12 months.
7/2017	Annual review. Updated reference.
7/2018	Annual review with no changes to coverage criteria. Updated references.
8/2019	Reorganized criteria requiring documentation vs. provider attestation. Removed step through modafanil to align with Sunosi program.
1/2020	Added step through Sunosi for narcolepsy type 2 due to PDL changes.
12/2020	Added Xywav to criteria.