

## Pharmacy Medical Necessity Guidelines: Xyrem® (sodium oxybate) and Xywav™ (calcium, magnesium, potassium, and sodium oxybates)

Effective: February 15, 2021

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p><b>Commercial Products</b></p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</li> </ul> <p><b>Tufts Health Public Plans Products</b></p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan			<p><b>Fax Numbers:</b>  RXUM: 617.673.0988</p>

**Note:** This guideline does not apply to Medicare Members (includes dual eligible Members).

### OVERVIEW

#### **FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS**

Xyrem (sodium oxybate) and Xywav (calcium, magnesium, potassium, and sodium oxybates) are central nervous system depressants indicated for cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy.

Xyrem has a high salt content. Patients who are sensitive to salt intake (for example, patients with heart failure, hypertension, or renal impairment) should consider the amount of daily sodium intake in each dose of Xyrem.

Xyrem and Xywav are contraindicated in patients being treated with sedative hypnotics or alcohol. They are also contraindicated in patients with succinic semialdehyde dehydrogenase deficiency.

### COVERAGE GUIDELINES

The plan may authorize coverage of Xyrem (sodium oxybate) or Xywav (calcium, magnesium, potassium, and sodium oxybates) for Members when **all** of the following criteria are met:

- Documentation the Member is not concurrently taking a central nervous system depressant, such as a narcotic analgesic (including tramadol), a benzodiazepine, a sedative hypnotic, or carisoprodol  
**AND**
- For a documented diagnosis of **narcolepsy with cataplexy**:
  - Documentation the member has a diagnosis of narcolepsy with cataplexy  
**AND**
  - The prescriber is a neurologist or sleep specialist, or a specialist consult is provided  
**AND**
  - Member has had an inadequate response or intolerance to two, or contraindication to all of the following: tricyclic antidepressant (TCA), atomoxetine, a selective serotonin receptor inhibitor (SSRI), venlafaxine.  
**OR**

The Member is new to Tufts Health Plan and has been stable on sodium oxybate for at least 2 months prior to enrollment  
**OR**
- For a documented diagnosis of **excessive daytime sleepiness in narcolepsy**:
  - Documentation the member has a diagnosis of excessive daytime sleepiness due to narcolepsy  
**AND**

- The prescriber is a neurologist or sleep specialist, or a specialist consult is provided
- AND**
- Inadequate response, adverse reaction, or contraindication to all three of the following: modafinil, armodafinil, and Sunosi (solriamfetol)

**OR**

The Member is new to Tufts Health Plan and has been stable on sodium oxybate for at least 2 months prior to enrollment

**Reauthorization**

1. Documentation that the Member had an office visit and was reassessed for the condition within the past year, continued therapy continues to be considered medically necessary, and the Member is not concurrently using a central nervous system depressant.

**LIMITATIONS**

1. Initial length of approval will be for 6 months. Subsequent approvals will be for 12 months.
2. The following quantity limitation applies:

Xyrem (sodium oxybate) oral solution	540 mL per 30 days (9 grams/day)
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**CODES**

None

**REFERENCES**

1. Xyrem (sodium oxybate) [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals; September 2020.
2. Xywav (calcium, magnesium, potassium, and sodium oxybates) [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals; October 2020.
3. Mamelak M. Narcolepsy and Depression and the Neurobiology of Gammahydroxybutyrate. *Progress in Neurobiology*. 2009; 89:193-219.
4. The U.S. Xyrem® Multicenter Study Group. A Randomized, Double Blind, Placebo-Controlled Multicenter Trial Comparing the Effects of Three Doses of Orally Administered Sodium Oxybate with Placebo for the Treatment of Narcolepsy. *Sleep*. 2002;25: 42-9.
5. U.S. Xyrem® Multicenter Study Group. Sodium Oxybate Demonstrated Long-Term Efficacy for the Treatment of Cataplexy in Patients with Narcolepsy. *Sleep Medicine*. 2004;5:119-23.
6. Xyrem® International Study Group. Further Evidence Supporting the Use of Sodium Oxybate for the Treatment of Cataplexy: A Double-Blind, Placebo-Controlled Study in 228 Patients. *Sleep Medicine*. 2005; 6: 415-421.
7. Black J, Houghton WC. Sodium oxybate improves excessive daytime sleepiness in narcolepsy. *Sleep*. 2006;29:939-46.
8. Morgenthaler TI, Kapur VK, Brown TM, et al. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin. An American Academy of Sleep Medicine Report. *Sleep*. 2007;30:1705-11.
9. Scammell TE. Treatment of narcolepsy in adults. UpToDate. Accessed May 24, 2019.

**APPROVAL HISTORY**

July 15, 2010: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. June 4, 2014: No changes
2. July 14, 2015: No changes
3. January 1, 2016: Administrative change to rebranded template.
4. July 12, 2016: Removed limitation #3 "Quantities that exceed the quantity limit will be reviewed according to the Drugs w/ Quantity Limitations criteria."
5. May 9, 2017: Administrative update. Effective 6/1/2017, Medical Necessity Guideline applies to Tufts Health RITogether. Updated criteria to differentiate between narcolepsy with cataplexy versus narcolepsy without cataplexy. Added step therapy criteria for members with narcolepsy with cataplexy.
6. August 8, 2017: For diagnosis of narcolepsy without cataplexy, changed the length of time of Xyrem use for new members to 2 months. Added venlafaxine as a trial option for the treatment of narcolepsy with cataplexy.
7. August 7, 2018: Effective 1/1/19, Xyrem must be prescribed by or in consultation with a specialist. Updated the diagnosis of "narcolepsy without cataplexy" to "excessive daytime sleepiness". For a diagnosis of narcolepsy with cataplexy, Members must try and fail two of the following: TCA, selective serotonin reuptake inhibitor, venlafaxine. For the diagnosis of narcolepsy without

cataplexy, added that Members must try and fail two stimulants: one methylphenidate product, and one amphetamine product.

8. June 11, 2019: Effective 10/1/2019, added atomoxetine as a trial option for the treatment of narcolepsy with cataplexy. Administrative changes made to template.
9. May 12, 2020: Effective 10/1/2020, updated the criteria for excessive daytime sleepiness in narcolepsy to remove stimulants as previous trial options, replaced with Sunosi and requirement that both modafinil and armodafinil must be tried.
1. February 9, 2021: Added Xywav to the MNG. Updated title of MNG from "Xyrem" to "Xyrem and Xywav."

#### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

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