

PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	Xyrem (sodium oxybate)
POLICY #	21129
INDICATIONS	Xyrem® (sodium oxybate) oral solution is indicated for the treatment of excessive daytime sleepiness and cataplexy in patients with narcolepsy.
CRITERIA	<p>Criteria: <u>Cataplexy associated with Narcolepsy (all below criteria must be met)</u></p> <ul style="list-style-type: none"> • Patient must be 7 years of age and older. • Patient must have a documented diagnosis of narcolepsy • Patient must have cataplexy requiring treatment • Patient has tried three (3) of the following: modafinil, Nuvigil, a tricyclic antidepressant (TCA) [e.g., amitriptyline, desipramine, imipramine], a selective serotonin reuptake inhibitor (SSRI) [e.g., fluoxetine, sertraline, paroxetine], or venlafaxine • Xyrem is being prescribed by a neurologist or sleep specialist physician <p><u>Excessive Daytime Sleepiness associated with Narcolepsy (all below criteria must be met)</u></p> <ul style="list-style-type: none"> • Patient must be 7 years of age and older. • Patient must have a documented diagnosis of narcolepsy • Patient must have excessive daytime sleepiness as defined by Epworth Sleepiness Scale (ESS) score greater than or equal to 10. • Patient must have had an intolerance to, or treatment failure of an adequate trial of Provigil® (modafinil) or Nuvigil (armodafinil) • Xyrem is being prescribed by a neurologist or sleep specialist physician <p>Patients meeting any of the following criteria should NOT be considered for Xyrem therapy:</p> <ul style="list-style-type: none"> • Patient is being treated with sedative hypnotics, other CNS depressants, or using alcohol. • Patient has succinic semialdehyde dehydrogenase deficiency (This rare disorder is an inborn error of metabolism and variable characterized by mental retardation, hypotonia, and ataxia.) • Patient has a history of drug abuse.
LIMITATIONS	<p>Initial approval for 3 months. Subsequent approval (up to 1 year) will be based on current progress notes from the physician documenting efficacy of treatment.</p> <p>A quantity limit of 540ml per month will apply.</p>

PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	Xyrem (sodium oxybate)
REFERENCES	Xyrem® [package insert]. Jazz Pharmaceuticals, Inc., Palo Alto, CA.
P&T REVIEW HISTORY	12/05, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 5/16, 2/17, 5/17, 1/18
REVISION RECORD	4/10, 2/17, 5/17, 7/19