Clinical Policy: Sodium Oxybate (Xyrem)

Reference Number: PA.CP.PMN.42
Effective Date: 01/18
Last Review Date: 04/18

Coding Implications
Revision Log

Description
Sodium oxybate (Xyrem®) is a central nervous system (CNS) depressant.

FDA approved indication
Xyrem is indicated:

- For the treatment of cataplexy in narcolepsy
- For the treatment of excessive daytime sleepiness (EDS) in narcolepsy

Limitation(s) of use: Xyrem may only be dispensed to patients enrolled in the Xyrem REMS Program.

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness ® that Xyrem is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Narcolepsy with Cataplexy (must meet all)**:**

1. Prescribed for the treatment of cataplexy in narcolepsy;
2. Age ≥ 18 years;
3. Failure of 2 of the following antidepressants: venlafaxine, fluoxetine, tricyclic antidepressant (e.g., protriptyline, clomipramine), each trialed for ≥ 1 month, unless all are contraindicated or clinically significant adverse effects are experienced;
4. Dose does not exceed 9 grams/day.

Approval duration: 6 months

B. Narcolepsy with Excessive Daytime Sleepiness (EDS) (must meet all)**:**

1. Diagnosis of narcolepsy with EDS;
2. Age ≥ 18 years;
3. Failure of a 1 month trial of one of the following CNS stimulants: amphetamine immediate release (IR), amphetamine; dextroamphetamine IR, dextroamphetamine, methylphenidate IR, or Metadate ER at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced; **Note: CNS stimulants may require prior authorization.*
4. Failure of a 1 month trial of armodafinil or modafinil at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced; **Note: Armodafinil and modafinil require prior authorization*
5. Dose does not exceed 9 grams/day.

Approval duration: 6 months

C. Other diagnoses/indications
1. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications (must meet all)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care Policy, PA.LTSS.PHAR.01, applies;
2. Documentation of positive response to therapy (e.g., reduction in frequency of cataplexy attacks, reported daytime improvements in wakefulness);
3. If request is for a dose increase, new dose does not exceed 9 grams/day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care Policy, PA.LTSS.PHAR.01, applies; or
2. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
CNS: central nervous system
EDS: excessive daytime sleepiness
FDA: Food and Drug Administration
IR: immediate release

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Cataplexy in narcolepsy	The recommended starting dose is 4.5 grams (g) per night administered orally in two equal, divided doses: 2.25 g at bedtime and 2.25 g taken 2.5 to 4	9 g per night

Excessive daytime sleepiness in narcolepsy	hours later. Increase the dose by 1.5 g per night at weekly intervals (additional 0.75 g at bedtime and 0.75 g taken 2.5 to 4 hours later) to the effective dose range of 6 g to 9 g per night orally.	

VI. Product Availability

Oral solution: 0.5 g per mL

VII. References

1. Xyrem Prescribing Information. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; November 2017. Available at: https://www.xyrem.com/. Accessed January 22, 2018.
2. Morgenthaler TI, Kapur VK, Brown T, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin An American Academy of Sleep Medicine Report: An American Academy of Sleep Medicine Report. Sleep. 2007;30(12):1705-1711.
3. Wise MS, Arand DL, Auger RR, Brooks SN, Watson NF. Treatment of Narcolepsy and other Hypersomnias of Central Origin: An American Academy of Sleep Medicine Review. Sleep. 2007;30(12):1712-1727.
4. Scammell TE. The neurobiology, diagnosis and treatment of narcolepsy. Ann Neurol 2003;53:154 –166.
5. Swick TJ. Treatment paradigms for cataplexy in narcolepsy: past, present, and future. Nat Sci Sleep. 2015; 7:159-169.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
2Q 2018 annual review: added age requirement as safety and effectiveness in pediatric patients have not been established per PI; modified initial approval duration from 3 to 6 months; references reviewed and updated.	1.23.18	