

Clinical Pharmacy Program Guidelines for Xyrem

Program	Prior Authorization
Medication	Xyrem [®] (sodium oxybate)
Issue Date	12/2012
Pharmacy and Therapeutics Approval Date	7/2017
Effective Date	9/2017

1. Background:

Xyrem[®] (sodium oxybate) is a central nervous system depressant indicated for the treatment of excessive daytime sleepiness (EDS) and cataplexy in patients with narcolepsy.¹

Xyrem is 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 of Xyrem are classified under Schedule I.

Xyrem is available only through restricted distribution, the Xyrem REMS Program. Prescribers and patients must enroll in this program at www.XYREMRMS.com, or by calling 1-866-XYREM88 (1-866-997-3688). The REMS Program provides educational materials to the prescriber and the patient explaining the risks and proper use of Xyrem, 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 Xyrem REMS Program also recommends patient follow-up every 3 months. Physicians are expected to report all serious adverse events to the manufacturer.

2. Coverage Criteria:

<p>A. <u>Narcolepsy with Cataplexy (i.e., Narcolepsy Type 1)</u></p> <p>1. <u>Initial Authorization</u></p> <p>a. Xyrem will be approved based on <u>both</u> of the following criteria:</p> <p>(1) Submission of medical records (e.g. chart notes, laboratory values) documenting a diagnosis of narcolepsy <i>with</i> cataplexy (i.e., Narcolepsy Type 1) with <u>all</u> of the following:</p> <p style="padding-left: 40px;">(a) The patient has daily periods of irrepressible need to sleep or</p>
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daytime lapses into sleep occurring for at least three months.

-AND-

(b) Cataplexy (as defined under Essential Features) and 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-

(c) 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-

(2) 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** 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 Xyrem therapy

-OR-

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

Authorization will be issued for 12 months.

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

1. Initial Authorization

a. **Xyrem** 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 **all** 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.
 - (c) Cataplexy is absent.
 - (d) 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–

- (2) 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) **One** of the following:

- i. modafanil (Provigil)
- ii. armodafanil (Nuvigil)

–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** will be approved for continuation of therapy based on the following criteria:
 - (1) Documentation demonstrating reduction in symptoms of excessive daytime sleepiness associated with Xyrem therapy

Authorization will be issued for 12 months.

3. References:

1. Xyrem [prescribing information]. Jazz Pharmaceuticals, Inc. Palo Alto, CA. April 2017.
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 TII, 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.

Program	Prior Authorization –Xyrem (sodium oxybate)
Change Control	
Date	Change
12/2012	New clinical policy
3/2013	<p>Updated indications section</p> <p>Added requirement that the patient have symptoms of excessive daytime sleepiness and/or cataplexy (section III.A.1.b)</p> <p>Removed age requirement in section III.A.1</p> <p>Updated references and dosing section</p>
9/2015	<p>Criteria were separated into two distinct sets of Narcolepsy with Cataplexy (Narcolepsy Type 1) and Narcolepsy without Cataplexy (Narcolepsy Type 2).</p> <ul style="list-style-type: none"> ▪ 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.

