

sodium oxybate (XYREM) calcium oxybate/ magnesium oxybate/ potassium oxybate/ sodium oxybate (XYWAV)

Diagnoses Considered for Coverage:

- Treatment of cataplexy associated with narcolepsy
- Treatment of excessive daytime sleepiness (EDS) associated with narcolepsy
- Idiopathic hypersomnia Xywav

Coverage Criteria:

1. For cataplexy associated with narcolepsy:

- Narcolepsy is confirmed by sleep study, and
- Patient is currently NOT on any sedative hypnotic agents or other CNS depressants, and
- Dose does not exceed FDA label maximum, and

2. For excessive daytime sleepiness associated with narcolepsy:

- Narcolepsy is confirmed by sleep study, and
- Patient is currently NOT on any sedative hypnotic agents or other CNS depressants, **and**
- Inadequate response, intolerable side effect, or contraindication to modafinil (Provigil), and
- Dose does not exceed FDA label maximum.

3. For Xywav request and diagnosis of idiopathic hypersomnia:

- Sleep study with multiple sleep latency (MSLT) confirms idiopathic hypersomnia, and
- Being recommended or prescribed by a sleep specialist, and
- Patient is currently not on any sedative hypnotics (i.e., sleeping agents) or CNS depressants (i.e., narcotics, antidepressants, antipsychotics), and
- Inadequate response, intolerable side effect, or contraindication with modafinil (Provigil), and
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 8/30/2023