STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Xyrem® (sodium oxybate)

Prior Authorization Request Form

Prior authorization requests for Xyrem will be approved if the following criteria are met:

1) Diagnosis of narcolepsy with excessive daytime sleepiness (EDS) and/or cataplexy as confirmed by a sleep study followed by multiple sleep latency testing (MSLT); **AND**
2) Being prescribed by a sleep specialist enrolled in the Xyrem® REMS Program; **AND**
3) Member is enrolled in Xyrem REMS Program; **AND**
4) Member does not have a history or succinic semialdehyde dehydrogenase deficiency; **AND**
5) Member is not receiving concurrent treatment with sedative hypnotics or central nervous system depressants; **AND**
6) Member has a recent drug screen negative for benzodiazepines, opiates, and illicit drugs; **AND**
7) Member has a documented history of alcohol abstinence; **AND**
8) Member does not have a history of substance abuse; **AND**
9) Member does not have a condition which would require a restricted intake of sodium such as, but not limited to, hypertension or stage 4-5 renal impairment.

For narcolepsy with daytime sleepiness, must have documented history of therapeutic failure of the following, as determined by an Epworth Sleepiness scale of greater than or equal to 10 or repeated maintenance of Wakefulness Test (MWT) or MSLT with a mean sleep latency of 8 minutes or less;

1) Modafanil or armodafanil at maximum recommended doses; **AND**
2) Methylphenidate, methamphetamine or dextroamphetamine at maximum recommended doses; **OR**
3) Intolerance to or contraindication for the above agents

For narcolepsy with cataplexy, must have documented history of therapeutic failure, contraindication or intolerance to:

1) Tricyclic antidepressants; **AND**
2) SSRIS and SNRIS

Xyrem PI, Jazz Pharamceuticals, Inc. 2008
Review and Approved
DUR Board 09/18/2013
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