xywav™
(calcium, magnesium, potassium, and sodium oxybates) oral solution

Guide to Completing a Prior Authorization

Having the right information before completing a prior authorization (PA) may help healthcare providers navigate the process and avoid delays. This guide highlights:

- The most common PA criteria for XYWAV required by large national health plans[a]
- The PA appeals process

[a]Specific PA criteria may vary by health plan. The criteria on page 2 are not required by all health plans, and some health plans require additional information. Please refer to the health plan's specific criteria, or contact the health plan for additional information.

Indications and Usage

XYWAV™ (calcium, magnesium, potassium, and sodium oxybates) oral solution, 0.5 g/mL total salts (equivalent to 0.413 g/mL of oxybate), is indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy.

Important Safety Information

WARNING: CENTRAL NERVOUS SYSTEM DEPRESSION and ABUSE AND MISUSE.

• Central Nervous System Depression

XYWAV is a CNS depressant. Clinically significant respiratory depression and obtundation may occur in patients treated with XYWAV at recommended doses. Many patients who received XYWAV during clinical trials in narcolepsy were receiving CNS stimulants.

• Abuse and Misuse

The active moiety of XYWAV is oxybate or gamma-hydroxybutyrate (GHB). Abuse or misuse of illicit GHB, either alone or in combination with other CNS depressants, is associated with CNS adverse reactions, including seizure, respiratory depression, decreases in the level of consciousness, coma, and death.

Because of the risks of CNS depression and abuse and misuse, XYWAV is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Xywav and Xyrem REMS.

Contraindications

XYWAV is contraindicated in combination with sedative hypnotics or alcohol and in patients with succinic semialdehyde dehydrogenase deficiency.

Prior Authorization Approval Criteria

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Does your patient have:

- ☐ Documented symptoms of EDS for 3 months or longer?[1]
- ☐ A diagnosis of narcolepsy that meets the diagnostic criteria for narcolepsy with cataplexy (type 1) or without cataplexy (type 2) according to AASM ICSD-3 guidelines?[1,2]
- ☐ A diagnosis of narcolepsy that is confirmed by an overnight PSG followed by MSLT the next day? Results must show mean sleep latency of ≤8 minutes AND 2 or more SOREMPs on the MSLT. A SOREMP (within 15 minutes of sleep onset) on the overnight PSG may replace one of the SOREMPs on the MSLT.[1]
- ☐ An inadequate response or intolerance to a wake promoting agent (eg, modafinil, armodafinil, solriamfetol, or pitolisant) AND stimulant (eg, methylphenidate, amphetamines, dextroamphetamine)?[1,3,4]
- ☐ A medication history, intolerance, or contraindication to TCA, SSRIs, or venlafaxine (requested by some plans, not all)?[5]

Is your patient:

- ☐ Not on sedative hypnotics (eg, benzodiazepines, insomnia agents [eg, eszopiclone, zaleplon, zolpidem])?[2,6]
- ☐ Not using alcohol?[2]
- ☐ Not diagnosed with succinic semialdehyde dehydrogenase deficiency?[2]
- ☐ Enrolled in the XYWAV and XYREM REMS?[2]

Reauthorization Criteria

With treatment of XYWAV, does your patient[2]:

- ☐ Demonstrate a reduction in frequency of cataplexy attacks?
- ☐ Demonstrate a reduction in baseline symptoms of EDS?

When submitting a PA at initial fill, or a reauthorization request, it is important to include documentation that the patient has met the diagnostic criteria (eg, chart notes from treating health care provider, lab or test results). At reauthorization, some health plans may also review the ESS or MWT for evidence of symptomatic improvement.[1-3]

Did you still receive a denial? Please see the next page for more information about appeals.

AASM=American Academy of Sleep Medicine; ESS=Epworth Sleepiness Scale; ICSD-3=International Classification of Sleep Disorders, 3rd Edition; MSLT=Multiple Sleep Latency Test; MWT=Maintenance of Wakefulness Test; PSG=polysomnography; REMS=Risk Evaluation and Mitigation Strategy; SOREMPs=sleep-onset rapid eye movement periods; SSRIs=selective serotonin reuptake inhibitors; TCA=tricyclic antidepressants.

Important Safety Information (cont.)

Warnings and Precautions

- CNS Depression: Use caution when considering the concurrent use with other CNS depressants. If concurrent use is required, consider dose reduction or discontinuation of one or more CNS depressants (including XYWAV). Consider interrupting XYWAV treatment if short-term opioid use is required. After first initiating treatment and until certain that XYWAV does not affect them adversely, caution patients against hazardous activities requiring complete mental alertness or motor coordination such as operating hazardous machinery, including automobiles or airplanes. Also caution patients against these hazardous activities for at least 6 hours after taking XYWAV. Patients should be queried about CNS depression-related events upon initiation of XYWAV therapy and periodically thereafter.

Prior Authorization Appeals Process

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Even if a PA is denied, your patient may still be able to access the medicine they need. In many cases, the health plan might simply need additional information before approving XYWAV.

3 LEVELS OF APPEAL

1. **Redetermination:** Health plan asks for missing documentation.[7,8]
   Response: *Healthcare provider's (HCP's) office sends requested information.*

2. **Reconsideration:** Health plan denies claim based on clinical or policy-related reasons.[8]
   Response: *Often requires HCP's office to send additional clinical information[b] or have a discussion with a board-certified peer appointed by the payer; a letter of medical necessity may also be required.*

3. **Independent Review Organization:** Reconsideration does not result in approval.[8]
   Response: *HCP's office requests a review with a neutral third party, such as a state insurance board or an administrative law judge—not the health plan.*

RESPONDING TO A DENIAL IN 3 STEPS

1. **First, find out why the health insurance claim was denied[9]**
   - The health plan should send an explanation of benefits form that states why it was denied,[9] and the health plan's medical policy guidelines can be reviewed[3,10-12]
     - Have the PA approval criteria been met?
     - Have required documents been provided (eg, test results [eg, MSLT], prior medications tried/failed, other related office notes)?

2. **Next, contact the health plan to determine the number of days within which an appeal must be submitted[13]**
   - The deadline to appeal is usually 30, 60, or 180 days after receiving the denial[13]

3. **Finally, keep the original documents and submit copies to the patient's health plan[13]**
   - At the end of the appeals process, the health plan must provide a written decision[13]

[b]Consider including information such as blood pressure readings, history of cardiovascular issues, or history of hypertension, if applicable to the patient.

Important Safety Information (cont.)

Warnings and Precautions (cont.)

- Abuse and Misuse: XYWAV is a Schedule III controlled substance. The rapid onset of sedation, coupled with the amnestic features of GHB particularly when combined with alcohol, has proven to be dangerous for the voluntary and involuntary user (eg, assault victim).
- Respiratory Depression and Sleep-Disordered Breathing: XYWAV may impair respiratory drive, especially in patients with compromised respiratory function. In overdoses of oxybate and with illicit use of GHB, life-threatening respiratory depression has been reported. Increased apnea and reduced oxygenation may occur with XYWAV administration in adult and pediatric patients. A significant increase in the number of central apneas and clinically significant oxygen desaturation may occur in patients with obstructive sleep apnea treated with XYWAV. Prescribers should be aware that sleep-related breathing disorders tend to be more prevalent in obese patients, in men, in postmenopausal women not on hormone replacement therapy, and among patients with narcolepsy.

If you require additional assistance or information, please contact your Jazz Access and Reimbursement Manager. You can also call a Reimbursement Specialist with the Certified Pharmacy at 1-866-997-3688.

Important Safety Information (cont.)

Warnings and Precautions (cont.)

- Depression and Suicidality: In a randomized-withdrawal clinical trial in adult patients with narcolepsy (n=201), depression and depressed mood were reported in patients treated with XYWAV. In most cases, no change in XYWAV treatment was required. In clinical trials of Xyrem (same active moiety as XYWAV) in adult patients with narcolepsy (n=781), depression was reported by 7% of Xyrem-treated patients, with four patients (<1%) discontinuing because of depression. In the pediatric clinical trial with Xyrem in patients with narcolepsy (n=104), one patient experienced suicidal ideation, and two patients reported depression while taking XYREM. Monitor patients for the emergence of increased depressive symptoms and/or suicidality while taking XYWAV, which require careful and immediate evaluation.
- Other Behavioral or Psychiatric Adverse Reactions: Monitor patients for impaired motor/cognitive function or the emergence of or increase in anxiety and/or confusion. The emergence or increase in the occurrence of behavioral or psychiatric events in patients taking XYWAV should be carefully monitored.
- Parasomnias: In a randomized-withdrawal clinical trial, parasomnias, including sleepwalking were reported in adult patients treated with XYWAV. Parasomnias, including sleepwalking, also have been reported in a pediatric clinical trial with sodium oxybate (same active moiety as XYWAV) and in postmarketing experience with sodium oxybate. Episodes of sleepwalking should be fully evaluated and appropriate interventions considered.

Most Common Adverse Reactions

In the adult clinical trial, in patients with narcolepsy, the most common adverse reactions (incidence ≥5% of XYWAV-treated patients) were headache, nausea, dizziness, decreased appetite, parasomnia, diarrhea, hyperhidrosis, anxiety, and vomiting.

In the pediatric clinical trial with Xyrem (same active moiety as XYWAV) in patients 7 years of age and older with narcolepsy, the most common adverse reactions (≥5%) were nausea (20%), enuresis (19%), vomiting (18%), headache (17%), weight decreased (13%), decreased appetite (9%), dizziness (8%), and sleepwalking (6%). The safety profile in pediatric patients with XYWAV is expected to be similar to that of adult patients treated with XYWAV and to that of pediatric patients treated with Xyrem.

Please click here to see full Prescribing Information, including BOXED Warning.

For more information on XYWAV, visit www.xywavhcp.com

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