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

GUIDE TO THE Formulary Exception Process

Understanding formulary exceptions may help healthcare providers navigate the process of requesting access for XYWAV when it is not included on a health plan's formulary. This Guide highlights:

- Information and documents required by many health plans to grant a formulary exception
- Tips for conducting peer-to-peer reviews with the health plan

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.

The Formulary Exception Process

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A **formulary exception**, sometimes called a medical exception, is used to request coverage for a prescription drug that is not included on a health plan's formulary or when a patient's access to a drug is limited. The process varies by health plan, but generally follows the steps below.[1]

1. **Confirm the health plan's specific process** by referring to the health plan's website or provider handbook, or call the patient's health plan. You can find the phone number on the back of the patient's insurance card.
   - You may be able to submit a prior authorization or formulary exception request through CoverMyMeds®, or you may be able to complete a publicly available "Non-Formulary Exception Form" available on the health plan's website

2. **If appropriate, complete a formulary exception letter**, sometimes called a letter of medical exception.
   - Confirm if your patient's health plan provides a specific template or form, which may be found on the health plan's website[1]

A **formulary exception letter** is a written request explaining why a drug is medically necessary and why the health plan should consider covering it for your patient. This letter is an important step in the formulary exception process and can come from your office, your patient, or your patient's legal representative. Supporting information should include why the health plan's preferred drug would not be as effective as the requested drug, what medications the patient has already tried and failed, and whether the patient has had a favorable response to the requested medication.[1,2]

TIPS FOR WRITING A FORMULARY EXCEPTION LETTER

Clearly state that you are requesting a formulary exception for XYWAV at the beginning of the letter and include the NDC number (68727-150-01),[3] as it allows the health plan to identify XYWAV

Include your proposed treatment plan for XYWAV, including dosage and frequency[2,4]

Describe your patient's condition, including appropriate ICD-10-CM codes and any past treatments[2,4]

Include documentation to support medical necessity for your patient (eg, relevant medical records, clinical peer reviews, contraindications to other medications,[2,4] Letter of Medical Necessity)
- If your patient has experienced hypertension or a cardiovascular event, consider including blood pressure readings and medical history of these events

Submit the letter and any other documentation via the method required by the health plan (eg, email, fax). Follow up within 48 hours to ensure the letter and documentation were received
- Keep track of any correspondence. Average response time from payers is 24 to 72 hours[2]

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=national drug code; NOS=not otherwise specified.

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.

Peer-to-Peer Review With Your Patient's Health Plan

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A **peer-to-peer review** with a patient's health plan is an alternative to sending a formulary exception letter, and can also help resolve the issue over the phone. During a peer-to-peer review, an HCP can discuss with a member of the health plan's medical review team why, in their opinion, the treatment is medically necessary for the patient.[5,6]

Preparing for a peer-to-peer review

- Contact the health plan to determine if they offer peer-to-peer service and request a peer-to-peer with an HCP experienced in sleep disorders
- Provide a phone number where you can be easily reached and specify your time zone to prevent any scheduling issues[6]
- Have the patient's identifying information ready (eg, name, subscriber ID, or date of birth)
- Review the health plan's Medical Policy for sleep disorders and/or narcolepsy[6]
- Review your patient's medical records and identify key points to support your rationale for treatment with XYWAV,[6] such as
  - Diagnosis and criteria used to diagnose (eg, PSG/MSLT results)[7]
  - Medical history, including responses to past and current narcolepsy treatments[2,7]
- Identify any additional documentation you may need for the discussion (eg, prescribing information for XYWAV, peer-reviewed journal articles)[6]

TIPS TO KEEP IN MIND DURING YOUR PEER-TO-PEER REVIEW[6]

Be a patient advocate

Provide facts that can be supported with your patient's medical records or clinical data
- Include activities of daily living (ADLs) to show what a patient can and can't do

Have additional documentation on hand in case the health plan requests more information to help make a coverage decision for XYWAV

If a decision is made at the conclusion of the call, **document the outcome** and if provided, an authorization number

Understand the next steps at the conclusion of the call. The decision will either be an acceptance or denial of coverage
- If coverage is denied, you can submit an appeal to request to overturn this decision

Prepare an alternate treatment plan for your patient if the health plan denies coverage or needs additional time to make a coverage decision.[6]

HCP=healthcare provider; MSLT=Multiple Sleep Latency Test; PSG=polysomnography.

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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