Reference number(s)
7456-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

Exceptions Criteria
Narcolepsy

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Value Formulary (VF).

Plan Design Summary

This program applies to the narcolepsy products specified in this document. Coverage for the targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Narcolepsy Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Lumryz (sodium oxybate) • sodium oxybate (generic) • Wakix (pitolisant)

	Product(s)
	• Xywav (calcium, magnesium, potassium, and sodium oxybates)
Target	• Xyrem (sodium oxybate)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Excessive Daytime Sleepiness or Cataplexy with Narcolepsy

Coverage for the targeted product is provided when both of the following criteria are met:

- Member has had a documented intolerable adverse event to both of the preferred sodium oxybate products (Lumryz and generic sodium oxybate) and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
- Member has a documented inadequate response or intolerable adverse event with one of the preferred products, Wakix or Xywav.

References

1. Lumryz [package insert]. Chesterfield, MO: Avadel CNS Pharmaceuticals, LLC; December 2025.
2. Sodium oxybate [package insert]. Piscataway, NJ: Camber Pharmaceuticals, Inc.; October 2025.
3. Wakix [package insert]. Plymouth Meeting, PA: Harmony Biosciences, LLC; February 2026.
4. Xyrem [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; July 2025.
5. Xywav [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; July 2025.