

# Lumryz (sodium oxybate)

## I. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

- A. For initial requests, all of the following:
  - a) Documentation of a sleep lab evaluation.
  - b) Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
  - c) Documentation of the multiple sleep latency test (MSLT) showing two or more sleep onset rapid eye movement periods (SOREMPs) or one SOREMPs if the REM latency of the preceding polysomnogram was less than or equal to 15 minutes.
  - d) Mean sleep latency on MSLT of less than or equal to 8 minutes.
  - e) For cataplexy: at least 3 cataplexy attacks per week
- B. For continuation requests:
  - a) For cataplexy with narcolepsy: Chart notes or medical record documentation supporting a beneficial response to therapy as demonstrated by a decrease in cataplexy episodes from baseline.
  - b) For excessive daytime sleepiness with narcolepsy: Chart notes or medical record documentation supporting a beneficial response to therapy as demonstrated by a decrease in daytime sleepiness with narcolepsy from baseline

## II. CRITERIA FOR INITIAL APPROVAL

### A. Excessive Daytime Sleepiness with Narcolepsy

Authorization of 6 months may be granted for treatment of excessive daytime sleepiness with narcolepsy when ALL OF the following criteria are met:

1. The diagnosis of narcolepsy is confirmed by a sleep lab evaluation as noted in the documentation included above.
2. Member meets the following:
  - i. Member is 7 years of age or older:
    - a. The member has experienced an inadequate treatment response or intolerance to at least two central nervous system (CNS) stimulants (e.g., amphetamine, dextroamphetamine, or methylphenidate) OR
    - b. The member has a contraindication to at least two central nervous system (CNS) stimulants (e.g., amphetamine, dextroamphetamine, or methylphenidate).
  - ii. Member is 18 years of age or older:
    - a. The member has experienced an inadequate treatment response or intolerance to modafinil or armodafinil. OR
    - b. The member has a contraindication to both modafinil and armodafinil.

## **B. Cataplexy with Narcolepsy**

Authorization of 6 months may be granted for treatment of cataplexy with narcolepsy when ALL OF the following criteria are met:

1. The member is 7 years of age or older.
2. The diagnosis of narcolepsy is confirmed by a sleep lab evaluation as noted in the documentation included above.
3. The member meets criteria for narcolepsy (Criteria A)
  - a. Member meets the following:
    - i. Member is 7 years of age or older and less than 18 years of age:
      - a. The member has experienced an inadequate treatment response or intolerance to at least two central nervous system (CNS) stimulants (e.g., amphetamine, dextroamphetamine, or methylphenidate). OR
      - b. The member has a contraindication to at least two central nervous system (CNS) stimulants(e.g., amphetamine, dextroamphetamine, or methylphenidate).
    - ii. Member is 18 years of age or older and meets the following:
      - a. The member has experienced an inadequate treatment response or intolerance to modafinil or armodafinil OR the member has a contraindication to both modafinil and armodafinil.
      - b. The member has experienced an inadequate treatment response or intolerance to at least two central nervous system (CNS) stimulants (e.g., amphetamine, dextroamphetamine, or methylphenidate). OR The member has a contraindication to at least two central nervous system (CNS) stimulants(e.g., amphetamine, dextroamphetamine, or methylphenidate)
4. The member has experienced an inadequate treatment response, intolerance, or contraindication to two options for cataplexy: a tricyclic antidepressant (TC) [e.g., amitriptyline, desipramine, imipramine], a selective serotonin reuptake inhibitor (SSRI) [e.g., fluoxetine, sertraline, paroxetine], or venlafaxine.
5. The member has a baseline history of at least 3 cataplexy attacks per week.

### **III. CONTINUATION OF THERAPY**

#### **A. Excessive Daytime Sleepiness with Narcolepsy**

Authorization of 12 months may be granted for continued treatment of excessive daytime sleepiness (EDS) with narcolepsy when the member has demonstrated beneficial response to treatment as defined by a decrease in daytime sleepiness with narcolepsy from baseline.

#### **B. Cataplexy with Narcolepsy**

Authorization of 12 months may be granted for continued treatment of cataplexy with narcolepsy when the member has demonstrated beneficial response to treatment as defined by a decrease in cataplexy episodes from baseline.