



**GEORGIA MEDICAID FEE-FOR-SERVICE
XYREM PA SUMMARY**

Preferred	Non-Preferred
N/A	Xyrem (sodium oxybate)

LENGTH OF AUTHORIZATION: 3 months

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of cataplexy associated with narcolepsy.
- ❖ Approvable for members with a diagnosis of excessive daytime sleepiness (EDS) associated with narcolepsy who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with a wakefulness promoting agent (modafinil or armodafinil) and a stimulant agent (amphetamine, dextroamphetamine, amphetamine/ dextroamphetamine, methamphetamine or methylphenidate).

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.