



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

**Xyrem™ (sodium oxybate)**

**Review Criteria**

Member must meet all the following criteria:

- Member must be at least 7 years of age or older.
- Member must have a diagnosis of narcolepsy with either cataplexy or excessive daytime sleepiness.
- Diagnosis must be made using ICSD-3 or DSM-5 diagnostic criteria.
- Approval granted for 1 year