PRIOR AUTHORIZATION POLICY

POLICY: Prader-Willi Syndrome – Vykat XR Prior Authorization Policy
- Vykat™ XR (diazoxide choline extended-release tablets – Soleno)

REVIEW DATE: 04/08/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Vykat XR, a potent activator of the adenosine triphosphate-sensitive potassium channel[2], is indicated for the treatment of hyperphagia in adults and pediatric patients 4 years of age and older with Prader-Willi syndrome.[1]

Diazoxide increases blood glucose, primarily through inhibiting insulin release from the pancreas. The exact mechanism of action of diazoxide choline in the treatment of hyperphagia in patients with Prader-Willi syndrome is unknown.[1]

Disease Overview

Prader-Willi syndrome is a rare, genetic combination neurobehavior and metabolic disorder.[2] It has an estimated birth incidence of 1:15,000 to 1:20,000. The condition is caused from lack of expression of paternally inherited imprinted genes on chromosome 15q11.2-q13. The diagnosis is established by identification of 'abnormal' DNA methylation within the Prader-Willi critical region at 15q11.2-q13.[3]

Cases generally occur sporadically. Patients with Prader-Willi syndrome are characterized in infancy hypotonia with poor appetite. As the child ages, clinical characteristics include developmental delay, mild cognitive impairment, hypogonadism, and hyperphagia (with central obesity). It has been determined that 90 to 100% of patients with Prader-Willi syndrome will have hyperphagia and obesity.[3]

Clinical Efficacy

The efficacy of Vykat XR was established in one 16-week, double-blind, placebo-controlled, randomized withdrawal study.[1] Prior to the pivotal study, patients were on Vykat XR for a mean duration of approximately 3 years. During the withdrawal of Vykat XR, 77 patients were randomized 1:1 to either continue their current dose of Vykat XR or use placebo. The primary endpoint was the change in baseline in the Hyperphagia Questionnaire for Clinical Trials (HQ-CT) total score. The HQ-CT total score ranges from 0 to 36 (higher scores indicate greater severity of hyperphagia and food-related behaviors). At baseline, the mean score was 9.0 in the Vykat XR group and 8.1 in the placebo group. At Week 16, the least square (LS) mean change from baseline was 2.6 for the Vykat XR group and 7.5 for the placebo group. There was a statistically significant 'worsening' in the placebo group with a LS mean difference of -5.0 (95% confidence interval: -8.1, -1.8). The placebo group also experienced greater increases in weight, body mass index (BMI), and BMI z-scores.[5,6]

Guidelines

Vykat XR is not addressed in clinical guidelines. European guidelines on Prader-Willi syndrome (2024) state that hyperphagia and food-seeking behaviors begin in early childhood and persist throughout the patient's life.[4] Food security practices can include physical interventions, such as locks on refrigerators or cupboards. Guidelines additionally mention dietary strategies and exercise programs to prevent weight gain. There are no consensus guidelines on the use of anti-obesity medications (e.g., topiramate, metformin, liraglutide) in Prader-Willi syndrome.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Vykat XR. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Vykat XR as well as the monitoring required for adverse events and long-term efficacy, approval requires Vykat XR to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Vykat™ XR (diazoxide choline extended-release tablets - Soleno) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

FDA-Approved Indication

1. **Prader-Willi Syndrome.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

A) Patient is ≥ 4 years of age; AND
B) The diagnosis of Prader-Willi syndrome has been established by identification of abnormal DNA methylation of chromosome 15q11.2Q13; AND
C) Patient has hyperphagia; AND
D) The medication has been prescribed by or in consultation with an endocrinologist.

CONDITIONS NOT COVERED

- **Vykat™ XR (diazoxide choline extended-release tablets - Soleno) is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

1. **Hyperphagia in a patient <u>without</u> Prader-Willi syndrome.** Vykat XR tablets are only indicated for the treatment of hyperphagia in patients with Prader-Willi syndrome.[1] No data is available on the treatment of hyperphagia in patients without Prader-Willi.

REFERENCES

1. Vykat™ XR (diazoxide choline) extended-release tablets [prescribing information]. Redwood City, CA: Soleno; March 2025.
2. Miller JL, Gevers E, Bridges N, et al. Diazoxide choline extended-release tablet in people with Prader-Willi Syndrome: A double-blind, placebo-controlled trial. *J Clin Endocrinol Metab.* 2023;108(7):1676-1685.
3. Driscoll DJ, Miller JL, Cassidy SB. Prader-Willi Syndrome. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReview® [Internet]. Updated February 19, 2026. Available at: www.ncbi.nlm.nih.gov/books/NBK1330/pdf/Bookshelf_NBK1330.pdf. Accessed on April 3, 2026.
4. Shaikh MG, Barrett TB, Bridges N, et al. Prader-Willi syndrome: guidance for children and transition into adulthood. *Endocr Connect.* 2024; 13(8):e240091.
5. Gevers EF, Miller JL, Bridges NA, et al. Withdrawal of DCCR (diazoxide choline) extended-release tablets worsens hyperphagia and increases weight and BMI in a 16-week double-blind, placebo-controlled, randomized withdrawal period in patients with Prader-Willi syndrome. *J Endocr Soc.* 2024;8(Suppl 1):bvae163.055.
6. Miller JL, Bridges N, Felner EI, et al. Diazoxide choline extended-release tablets in Prader-Willi syndrome: a randomized, double-blind, withdrawal period study. *J Clin Endocrinol Metab.* 2026:dgaf661.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	04/02/2025
Annual Revision	No criteria changes.	04/08/2026