

<b>Clinical Policy Title:</b>	Diazoxide
<b>Policy Number:</b>	RxA.902
<b>Drug(s) Applied:</b>	Vykat XR
<b>Original Policy Date:</b>	08/25/2025
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Prader-Willi syndrome (must meet all):

1. Diagnosis of hyperphagia associated with Prader-Willi syndrome;
2. Documentation of laboratory test results confirming diagnosis as evident by one of the following (i, ii, iii):
  - i. Deletion in chromosomal 15q11-q13 region;
  - ii. Maternal uniparental disomy in chromosome 15;
  - iii. Imprinting defects, translocations, or inversions involving chromosome 15.
3. Trial and failure of a diabetic GLP-1 for at least 3 months, unless contraindicated or clinically significant adverse effects are experienced.

#### Approval duration

**All Lines of Business (except Medicare):** 6 months

### II. Continued Therapy Approval

#### A. Prader-Willi syndrome (must meet all):

1. Documentation confirming benefit from therapy (reduction in hyperphagia, reduction in body fat mass, reduced levels of leptin).

#### Approval duration

**All Lines of Business (except Medicare):** 12 months

## References

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	8/25/2025	N/A
Policy reviewed	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.