

**Vykat XR (diazoxide choline extended-release)**  
**Effective 11/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Vykat XR (diazoxide choline) is indicated for the treatment of hyperphagia in adults and pediatric patients 4 years of age and older with Prader-Willi syndrome (PWS).

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

### OR

Authorization may be granted when all of the following criteria are met:

1. Documented diagnosis of Prader-Willi syndrome (PWS) confirmed by the presence of mutation in chromosome 15 as detected by an FDA-approved test
2. Documentation member has hyperphagia (e.g., food obsession, aggressive food seeking behavior, lack of satiety)
3. Member is 4 years of age or older
4. Requested medication is prescribed by or in consultation with an endocrinologist, geneticist, or specialist knowledgeable in the treatment of PWS

### Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation demonstrating member has had a positive clinical response to therapy (e.g., decreased hunger or thoughts about food, decreased weight or BMI)

### Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

### References

1. Vykat XR (diazoxide choline) [prescribing information]. Redwood City, CA: Soleno Therapeutics, Inc.; March 2025.

### Review History

08/13/2025 – Reviewed at July P&T. Effective 11/01/2025.

