

diazoxide choline (Vykat™ XR)

Policy # 00939

Original Effective Date: 08/01/2025

Current Effective Date: 08/01/2026

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of diazoxide choline (Vykat™ XR)[‡] for the treatment of hyperphagia in adults and pediatric patients 4 years of age and older with Prader-Willi syndrome (PWS) to be **not medically necessary**.**

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of diazoxide choline (Vykat XR) for non-FDA approved indications to be **investigational**.*

Background/Overview

Vykat XR is a long-acting crystalline salt formulation of diazoxide, a potent activator of the adenosine triphosphate-sensitive potassium (K_{ATP}) channel. Activation of K_{ATP} channels has the potential to reduce the secretion of appetite stimulatory neuropeptides, which is believed to cause a reduction in hyperphagia. Diazoxide also increases blood glucose levels, primarily due to an inhibition of insulin release from the pancreas. However, the exact mechanism of action of Vykat XR in the treatment of hyperphagia in patients with PWS is unknown. Vykat XR is available in 25 mg, 75 mg, and 150 mg tablets which must not be split, crushed, or chewed but swallowed whole with or without food. Dosing is weight based and should be titrated up to a maintenance dose. The maximum recommended dosage of Vykat XR is 5.8 mg/kg/day or 525 mg per day. Dosages above 5.8 mg/kg/day or 525 mg per day have not been evaluated in patients with PWS. The recommended starting dose and titration regimen for Vykat XR can be found in the prescribing information. Diazoxide is also available as a 50 mg/mL oral suspension, marketed under the brand name Proglycem®, which is indicated for the management of hypoglycemia due to hyperinsulinism associated with certain conditions. The suspension is not substitutable with Vykat XR due to differences in their pharmacokinetics. Diazoxide suspension must be administered in divided doses while the extended release dosage formulation of Vykat XR allows for once daily dosing. Vykat XR is contraindicated in patients with a known hypersensitivity to diazoxide or thiazides and carries a warning regarding hyperglycemia, including severe reactions associated with diabetic ketoacidosis, and the risk of fluid overload due to its antidiuretic properties.

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PWS is a rare genetic neurobehavioral and metabolic disorder, arising from the lack of expression of paternally inherited imprinted genes on chromosome 15q11-q13 caused by a paternal deletion, maternal uniparental disomy 15, or an imprinting center defect which results in hypothalamic dysfunction. The diagnosis is established by identification of ‘abnormal’ DNA methylation within the Prader-Willi critical region at 15q11.2-q13. The vast majority of cases of PWS occur sporadically with a birth incidence of approximately 1 in 10,000 to 30,000, affecting males and females equally. It is the most common syndromic form of obesity. The primary clinical features of PWS include hyperphagia, hypogonadism, developmental delay, and characteristic behaviors, such as obsessive-compulsive tendencies, outbursts, manipulative behavior, and rigidity. Hyperphagia usually begins in childhood and presents as an intense, persistent sensation of hunger with an extreme drive to consume food, lack of normal satiety, and aggressive food-related behavioral problems which can lead to serious complications such as choking, gastrointestinal problems, obesity, diabetes, respiratory failure, and cardiovascular disease. Common physical features associated with PWS include short stature due to growth hormone (GH) deficiency, distinct facial characteristics, strabismus, and scoliosis. In infants, the most prominent findings are hypotonia and feeding difficulties. PWS is suspected in patients with characteristic clinical symptoms and confirmed by genetic testing. Pharmacological treatment options for hyperphagia in PWS have been limited. Currently, there are no other FDA-approved products to treat hyperphagia in patients with PWS. Weight loss medications have been studied (e.g. liraglutide, semaglutide, metformin, topiramate) but have shown limited results for these patients. Currently, there are no clinical guidelines on the use of anti-obesity medications in patients with PWS, and Vykat XR is not addressed in clinical guidelines. There is no clinical data, or an FDA approved indication for diazoxide suspension for the treatment of hyperphagia associated with PWS. Growth hormone is FDA-approved for pediatric patients who have growth failure due to PWS.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

In March of 2025, Vykata XR was FDA approved for the treatment of hyperphagia in adults and pediatric patients 4 years of age and older with Prader-Willi syndrome (PWS).

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Vykat XR has been evaluated in three phase III clinical trials. The efficacy of Vykat XR was established in one pivotal, multicenter, double-blind, placebo-controlled, 16 week randomized withdrawal study period (Study C602-RWP) after an open-label extension (OLE) period in patients with genetically confirmed PWS.

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Study C601

Vykat XR was evaluated in 13-week, randomized, double-blind, placebo-controlled, parallel-arm study known as Study C601 (published), or DESTINY-PWS, in which 127 patients 4 years of age and older were randomized in a 2:1 ratio to Vykat XR or placebo and received at least one dose of Vykat XR. Patients were required to have moderate to severe hyperphagia, defined as score of ≥ 13 on the Hyperphagia Questionnaire for Clinical Trials (HQ-CT). The HQ-CT is a 9-item, observer-reported outcome measure which assesses a range of hyperphagic and food-related behaviors during the prior 2 weeks. An item score of 0 indicates an absence of behaviors, with a score of 4 indicating the most frequent or severe behaviors. The HQ-CT Total Score may range from 0 to 36, with higher scores indicating greater overall severity of hyperphagic and food-related behaviors. The trial did not achieve its primary endpoint of significantly improving hyperphagia in the overall population. The least squared (LS) mean change in the HQ-CT score from baseline was -5.94 in the Vykat XR group vs. -4.27 in the placebo group ($P = 0.198$). In a prespecified analysis of patients with more severe hyperphagia (baseline HQ-CT > 22), there was a significant improvement in hyperphagia with the LS mean change in the HQ-CT score of -9.67 in the Vykat XR group vs. -4.26 in the placebo group ($P = 0.012$). Upon completion of Study C601, patients could enter Study C602.

Study C602

Study C602-OLE and the pivotal trial, C602-RWP, are collectively referred to as Study C602. Patients were enrolled in C602-OLE (some data published) [$n = 125$] and received double-blind and/or open-label Vykat XR for a mean duration of 3.3 years (range 2.5 to 4.5 years) prior to having the option to enter C602-RWP (unpublished), a 16-week, double-blind, placebo-controlled, randomized withdrawal study which enrolled 77 patients with hyperphagia and PWS. Patients were randomized in a 1:1 ratio to continue their current oral dosage using a weight-based dosage regimen of Vykat XR or placebo. The primary efficacy endpoint was the change from baseline in the HQ-CT Total Score at Week 16. At the end of week 16, there was statistically significant worsening of hyperphagia in the placebo group relative to the Vykat XR group, as assessed by the HQ-CT Total Score. The least square mean change in HQ-CT scores were 2.6 and 7.6 for Vykat XR and placebo, respectively (LS mean difference of -5.0, 95% CI: -8.1, -1.8, $p = 0.002$).

References

1. Vykat XR [package insert]. Soleno Therapeutics, Inc. Redwood City, California.
2. Miller J, 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. Gevers E, Miller J, Bridges N, 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.
4. Vykat XR New Drug Review. IPD Analytics. April 2025.
5. Vykat XR Drug Evaluation. Express Scripts. April 2025.
6. Scheimann A. (2023). Prader-Willi syndrome: Clinical features and diagnosis. J. Kremen (Ed.) *UpToDate*. Retrieved May 29, 2025, from <https://www.uptodate.com/contents/prader-willi-syndrome-clinical-features-and-diagnosis>.

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7. Goldstone A, Holland A, Hauffa B, et al. Recommendations for the Diagnosis and Management of Prader-Willi Syndrome, *J Clin Endocrinol Metab.* 2008; 93(11):4183–4197.
8. Shaikh M, Barrett T, Bridges N, et al. Prader-Willi syndrome: guidance for children and transition into adulthood. *Endocr Connect.* 2024 Jul 10;13(8)

Policy History

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07/03/2025 Medical Policy Committee review

07/09/2025 Medical Policy Implementation Committee approval. New policy.

07/21/2026 Pre Pharmacy & Therapeutics Committee review.

07/22/2026 Pharmacy & Therapeutics Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 07/2027

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan’s authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan’s pharmacy benefit.