



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Xyrem-Xywav

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, Strength, Refills, Specialty Pharmacy.

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Questions Q1-Q8 regarding patient history and treatment for narcolepsy/cataplexy.

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above.



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Patient Name: Prescriber Name:

Yes No

Q9. For cataplexy, for patients 18 years and older, has the patient tried and failed or is intolerant to treatment with both Wakix and an antidepressant (SNRI, SSRI, or TCA)?

Yes No

Q10. For daytime sleepiness, for patients under 18 years old, has the patient tried and failed or is intolerant to treatment with Armodafinil or Modafinil?

Yes No

Q11. For daytime sleepiness, for patients 18 years and older, has the patient tried and failed or is intolerant to treatment with all of the following: a) armodafinil or modafinil, b) Sunosi, c) Wakix?

Yes No

Q12. Is the patient currently taking a sedative hypnotic or CNS depressant?

Yes No

Q13. Was a urine drug screen completed (include most recent date) and consistent with prescribed medications and negative for non-prescribed controlled and illicit substances?

Yes No

Q14. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?

Yes No

Q15. Is the patient and prescriber enrolled in the Xyrem/Xywav REMS Program?

Yes No

Q16. For narcolepsy with cataplexy, is there documentation of reduction of frequency of cataplexy attacks?

Yes No

Q17. For narcolepsy with EDS or idiopathic hypersomnia, is there documentation of reduction in excessive daytime sleepiness?

Yes No

Q18. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?

Yes No

Q19. Additional Information:



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Patient Name:	Prescriber Name:
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Prescriber Signature

Date

Updated for 2023