PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Xyrem

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department 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 left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Please provide ICD code(s) for diagnosis.

Q2. Is the prescriber a board certified sleep medicine specialist?

☐ Yes ☐ No

Q3. Does the patient have moderate to severe cataplexy associated with narcolepsy or narcolepsy without cataplexy?

☐ Yes - moderate to severe cataplexy associated with narcolepsy
☐ Yes - narcolepsy without cataplexy
☐ No - neither of the above

Q4. If for cataplexy with narcolepsy, does the patient have failure of an adequate trial, intolerance, or contraindication to the following? (Please select all that apply)

☐ At least one selective serotonin reuptake inhibitor (SSRI)
☐ At least one serotonin/norepinephrine reuptake inhibitor (SNRI)
☐ At least one tricyclic antidepressant (TCA)
☐ Other (please specify)

Q5. If for narcolepsy without cataplexy, does the patient have failure of an adequate trial, intolerance, or

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contraindication to the following? (Please select all that apply)

- ☐ Amphetamine/dextroamphetamine
- ☐ Armodafinil
- ☐ Dextroamphetamine
- ☐ Methylphenidate
- ☐ Modafinil
- ☐ Other (please specify)

Q6. Additional comments

Prescriber Signature

Date

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.