



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Xyrem/Xywav - Non-PDL

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: Member Name, Prescriber Name, HPP Member Number, Fax, Phone, Date of Birth, Office Contact, Member Primary Phone, NPI, PA PROMISe ID, Address, City, State ZIP, Line of Business, Drug Name, Strength, Quantity, Refills, Directions, Diagnosis Code, Diagnosis.

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-Q6 regarding renewal, prescriber specialty, patient age, diagnosis of narcolepsy, idiopathic hypersomnia, and treatment history.

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Member Name:	Prescriber Name:
<p>Q7. Does the patient have episodes of cataplexy and/or excessive daytime sleepiness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q8. For cataplexy, for patients under 18 years old, has the patient tried and failed or is intolerant to treatment with venlafaxine, a tricyclic antidepressant, or an SSRI?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q12. Is the patient currently taking a sedative hypnotic or CNS depressant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q14. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q15. Is the patient and prescriber enrolled in the Xyrem/Xywav REMS Program?</p>	



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Member Name: Prescriber Name:

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:

Prescriber Signature

Date

v2025