



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Xyrem

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 for Patient Name, HPP Member Number, Date of Birth, Address, City, State ZIP, Patient Primary Phone, Line of Business (Medicaid, CHIP), Prescriber Name, Fax, Phone, Office Contact, NPI, Promise ID, Prescriber PA PROMISe ID, Address, City, State ZIP, Specialty/facility name (if applicable).

Expedited/Urgent

Drug Name:

Strength:

Days Supply:

Number of Refills:

Directions / SIG:

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 prescriber specialty, patient age, diagnosis of narcolepsy, cataplexy, and treatment history.

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Patient Name:

Prescriber Name:

Q7. Is the patient currently taking a sedative hypnotic or CNS depressant?

Yes

No

Q8. Is the patient and prescriber enrolled in the Xyrem Success Program?

Yes

No

Q9. Requested Duration:

1 Month (Initial Request)

3 Months (Renewal Request)

Q10. Additional Information:

Prescriber Signature

Date

Updated 2018