



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: 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, PA PROMISe ID.

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-Q7 regarding prescriber, patient age, PDMP, diagnosis, and treatment history.



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Patient Name: Prescriber Name:

Q8. Does the patient have episodes of excessive daytime sleepiness?
Q9. Has the patient tried and failed or is intolerant to treatment with modafinil, methylphenidate, or dextroamphetamine?
Q10. Is the patient currently taking a sedative hypnotic or central nervous system (CNS) depressant?
Q11. Was a urine drug screen completed (include most recent date) and consistent with prescribed medications and negative for non-prescribed controlled and illicit substances?
Q12. Is the patient and prescriber enrolled in the Xyrem Success Program?
Q13. Additional Information:

Prescriber Signature

Date

Updated for 2020