



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.

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 renewal status, prescriber specialty, patient age, diagnosis confirmation, and treatment history.



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Patient Name: Prescriber Name:

Q8. Is the patient currently taking a sedative hypnotic or CNS depressant?
Q9. Was a urine drug screen completed (include most recent date) and consistent with prescribed medications and negative for non-prescribed controlled and illicit substances?
Q10. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?
Q11. If the request is for Xywav, is a medical reason provided supporting why the patient cannot be treated with Xyrem?
Q12. Is the patient and prescriber enrolled in the Xyrem/Xywav REMS Program?
Q13. For narcolepsy with cataplexy, is there documentation of reduction of frequency of cataplexy attacks?
Q14. For narcolepsy with EDS, is there documentation of reduction in excessive daytime sleepiness (EDS) measured by ESS (Epworth Sleepiness Scale), MWT, or MSLT?
Q15. Was a urine drug screen completed (include most recent date) and consistent with prescribed medications and negative for non-prescribed controlled and illicit substances?
Q16. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?
Q17. Additional Information:

Prescriber Signature

Date

Updated for 2021

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