



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.

Q1. Is this a renewal?

Yes No

Q2. Is the prescriber a neurologist?

Yes No

Q3. Is the patient 7 years old or older?

Yes No

Q4. Does the patient have a diagnosis of narcolepsy?

Yes No

Q5. Does the patient have a diagnosis of idiopathic hypersomnia?

Yes No

Q6. Has the patient tried and failed or is intolerant to treatment with modafinil or armodafinil?

Yes No

Q7. Does the patient have episodes of cataplexy and/or excessive daytime sleepiness?

Yes No

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?



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Form with fields for Patient Name, Prescriber Name, and 19 questions (Q9-Q19) regarding patient history and treatment for cataplexy and narcolepsy.

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Patient Name: Prescriber Name:

medication?
Yes No

Q20. Additional Information:

Q21. Requested Duration:
4 months 6 months

Prescriber Signature

Date

Updated for 2022