

US Family Health Plan

Prior Authorization Request Form for Xyrem (sodium oxybate)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed** to **617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:

Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? **Call 1-877-880-7007**

Prior authorization will expire in one year.

Step 1 Please complete patient and physician information (please print):

Patient Name: _____ Address: _____ Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____ Phone #: _____ Secure Fax #: _____
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Step 2 Please complete the clinical assessment:

1. Is Xyrem being used for the treatment of excessive daytime sleepiness AND cataplexy in a patient with narcolepsy?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No Proceed to question 3
2. Was the diagnosis of narcolepsy confirmed by polysomnogram (PSG) or mean sleep latency time (MSLT) objective testing?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved
3. Is Xyrem being used for the treatment of excessive daytime sleepiness in a patient with narcolepsy without cataplexy?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved
4. What is the patient's age?	<input type="checkbox"/> 18 years of age or older - Proceed to question 5 <input type="checkbox"/> GREATER than or equal to 7 years of age but less than 18 years of age - Proceed to question 6 <input type="checkbox"/> LESS than 7 years of age – STOP Coverage not approved	
5. Does the patient have a history of failure, contraindication, or intolerance to modafinil or armodafinil?	<input type="checkbox"/> Yes Proceed to question 6	<input type="checkbox"/> No STOP Coverage not approved
6. Does the patient have a history of failure, contraindication, or intolerance to a stimulant-based therapy (amphetamine-based therapy or methylphenidate)?	<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No STOP Coverage not approved

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<p>7. Have other causes of sleepiness have been ruled out or treated (including, but not limited to, obstructive sleep apnea, insufficient sleep syndrome, shift work, the effects of substances or medications, or other sleep disorders)?</p>	<p><input type="checkbox"/> Yes Proceed to question 8</p>	<p><input type="checkbox"/> No STOP Coverage not approved</p>
<p>8. Is Xyrem being prescribed by a neurologist, psychiatrist, or sleep medicine specialist?</p>	<p><input type="checkbox"/> Yes Proceed to question 9</p>	<p><input type="checkbox"/> No STOP Coverage not approved</p>
<p>9. Is the patient concurrently taking a central nervous system depressant, such as a narcotic analgesic (including tramadol), a benzodiazepine, or a sedative hypnotic?</p>	<p><input type="checkbox"/> Yes STOP Coverage not approved</p>	<p><input type="checkbox"/> No Sign and date below</p>

† Coverage is NOT provided for the treatment of other conditions not listed above or any non-FDA approved use, including: fibromyalgia, insomnia, and excessive sleepiness not associated with narcolepsy.

Step 3 I certify the above is true to the best of my knowledge.
Please sign and date:

Prescriber Signature

Date

[04 December 2019]