



Request for Prior Authorization
SODIUM OXYBATE (XYREM®)

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 18 years of age or older under the following conditions: 1) A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study... 7) The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website...

Non-Preferred

[ ] Xyrem® Strength Dosage Instructions Quantity Days Supply

[ ] Cataplexy associated with Narcolepsy (Please provide results from a recent ESS, MSLT, and PSG)

Trial of preferred tricyclic antidepressant drug: Drug Name & Dose: Trial Dates: Failure Reason:

[ ] Excessive Daytime Sleepiness associated with Narcolepsy (Please provide results from a recent ESS, MSLT, and PSG)

Trial of preferred amphetamine stimulant: Drug Name & Dose: Trial Dates: Failure Reason:

Trial of preferred non-amphetamine stimulant: Drug Name & Dose: Trial dates: Failure Reason:

Medical or contraindication reason to override trial requirements:

Patient is enrolled in the Xyrem® REMS Program: [ ] Yes [ ] No

Patient has a history of substance abuse: [ ] Yes [ ] No

Patient has been counseled and will be closely monitored for signs of abuse: [ ] Yes [ ] No

Patient has a semialdehyde dehydrogenase deficiency: [ ] Yes [ ] No

Patient has been instructed to not drink alcohol when using Xyrem®: [ ] Yes [ ] No

Prescriber review of patient's controlled substances use on the Iowa PMP website: [ ] No [ ] Yes Date Reviewed:

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid.