

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☐ Medicare Part B ☒ Medicare Part D
 This request is: ☐ Expedited request ☐ Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Xyrem[®] (sodium oxybate)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____
 Prescriber is a:
☐ Neurologist ☐ Pulmonologist ☐ Sleep specialist ☐ Other: _____

Product Information

☐ New request ☐ Continuation request
 Drug product: ☐ Xyrem 500 mg/mL
 Start date (or date of next dose): _____
 Date of last dose (if applicable): _____
 Dosing frequency: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for a medically-accepted indication*
2. Must be prescribed by a neurologist, pulmonologist, or sleep specialist
3. Patient must not be receiving sedative hypnotics with Xyrem
4. Patient must not suffer from succinic semialdehyde dehydrogenase deficiency

Additional information

Note: Xyrem is limited to 9 grams daily (540 mL every 30 days). If approved, coverage is provided for 1 year.

Medically accepted indication*

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Cataplexy in narcolepsy
☐ Excessive daytime sleepiness in narcolepsy
☐ Other – the patient's condition is: _____

B. Which of the following, if any, apply to this patient?

- ☐ Patient is also taking a sedative hypnotic
☐ Patient has semialdehyde dehydrogenase deficiency
☐ None of the above

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? ☐ Yes ☐ No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Xyrem likely be the most effective option for this patient?

- ☐ No
☐ Yes, because: _____

If the patient is currently using Xyrem, would changing the patient's current regimen likely result in adverse effects for the patient?

- ☐ No
☐ Yes, because: _____