Jefferson Health Plans

MEDICAID / CHIP

PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Xyrem/Xywav - Non-PDL

Phone: 866-841-7659 **Fax back to: 866-240-3712**

Jefferson Health 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.

Member Name:	Prescriber Name:	
Member ID Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Phone Number:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	

Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..

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 or sleep specialist?

☐ 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

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Member Name:	Prescriber Name:

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?

☐ Yes ☐ No

Q9. For cataplexy, for patients 18 years and older, has the patient tried and failed or is intolerant to treatment with both Wakix and an antidepressant (SNRI, SSRI, or TCA)?

☐ Yes ☐ No

Q10. For daytime sleepiness, for patients under 18 years old, has the patient tried and failed or is intolerant to treatment with Armodafinil or Modafinil?

☐ Yes ☐ No

Q11. For daytime sleepiness, for patients 18 years and older, has the patient tried and failed or is intolerant to treatment with all of the following: a) armodafinil or modafinil, b) Sunosi, c) Wakix?

☐ Yes ☐ No

Q12. Is the patient currently taking a sedative hypnotic or CNS depressant?

☐ Yes ☐ No

Q13. Was a urine drug screen completed (include most recent date) and consistent with prescribed medications and negative for non-prescribed controlled and illicit substances?

☐ Yes ☐ No

Q14. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?

☐ Yes ☐ No

Q15. Is the patient and prescriber enrolled in the Xyrem/Xywav REMS Program?

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Member Name:	Prescriber Name:

☐ Yes	☐ No
Q16. For narcolepsy with cataplexy, is there documentation of reduction of frequency of cataplexy attacks?	
☐ Yes	☐ No
Q17. For narcolepsy with EDS or idiopathic hypersomnia, is there documentation of reduction in excessive daytime sleepiness?	
☐ Yes	☐ No
Q18. Has the provider checked the PDMP (Pennsylvania Prescription Drug Monitoring Program) before prescribing the medication?	
☐ Yes	☐ No
Q19. Additional Information:	

_____ _____

Prescriber Signature Date

v2026-06