



Federal Employee Program.

## LUMRYZ PRIOR APPROVAL REQUEST

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn. Clinical Services  
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

### Lumryz

(sodium oxybate)

**\*\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit**

**NOTE:** Form must be completed in its **entirety** for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

1. Will the patient need more than 810 grams (90 packets) every 90 days? ☐ Yes\* ☐ No

**\*If YES**, please specify the requested quantity: \_\_\_\_\_ gm every 90 days

2. What is the patient's diagnosis?

☐ Cataplexy in narcolepsy

☐ Excessive daytime sleepiness (EDS) in narcolepsy

☐ None of the above

3. Does the prescriber agree to monitor for signs of misuse, abuse, and addiction during therapy? ☐ Yes ☐ No

4. Has the patient been on this medication continuously for the last **4 months** excluding samples? ☐ Yes ☐ No\*

**\*If NO**, please answer the following questions:

a. Are the patient and prescriber enrolled in the Lumryz REMS program? ☐ Yes ☐ No

b. Does the patient have succinic semialdehyde dehydrogenase deficiency? ☐ Yes ☐ No

5. Will Lumryz be used in combination with a Prior Authorization (PA) sleep aid or with another oxybate product? ☐ Yes\* ☐ No

**\*If YES**, please specify the medication(s): \_\_\_\_\_

**\*PA Sleep Aids and Oxybate Products: Ambien (zolpidem), Ambien CR (zolpidem extended-release), Belsomra (suvorexant), Dalmane (flurazepam), Dayvigo (lemborexant), Doral (quazepam), Edluar (zolpidem sublingual), Halcion (triazolam), Hetlioz (tasimelteon), Intermezzo (zolpidem sublingual), Lunesta (eszopiclone), Prosom (estazolam), Quviviq (daridorexant), Restoril (temazepam), Rozerem (ramelteon), Sonata (zaleplon), Xyrem (sodium oxybate), Xywav (calcium, magnesium, potassium, sodium oxybates), Zolpimist (zolpidem oral spray)**