BlueCross BlueShield Federal Employee Program

XYREM
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: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Xyrem

(sodium oxybate)

****Check 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

Are the medication directions written in grams (g) per night **OR** milliliters (mL) per night? ***Please select answer below:***

❑**Grams (g) per night**: Will the patient need more than 810 grams every 90 days? ❑Yes***** ❑No

If YES, please specify the requested quantity: _____ grams every 90 days

❑**Milliliters (mL) per night**: Will the patient need more than 1620 milliliters every 90 days? ❑Yes***** ❑No

If YES, please specify the requested quantity: _____ milliliters every 90 days

❑Other ***(specify dosing directions)***: _____

1. What is the patient's diagnosis?
   - ❑Cataplexy in narcolepsy
   - ❑Excessive Daytime Sleepiness (EDS) in narcolepsy
   - ❑Other diagnosis ***(please specify)***: _____
2. Does the prescriber agree to monitor for signs of misuse, abuse, and addiction during therapy? ❑Yes ❑No
3. Will the patient be using other *****Prior Authorization (PA) sleep aids or another *****oxybate product concurrently with Xyrem? ❑Yes***** ❑No

   If YES, specify the medication(s): _____

   ****Oxybate Product: Xywav (calcium, magnesium, potassium, and sodium oxybates)***

   ****PA Sleep Aids: Ambien/Ambien CR (zolpidem/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), Zolpimist (zolpidem oral spray)***
4. Has the patient been on Xyrem 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 Xyrem REMS Program? ❑Yes ❑No

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

