BlueCross BlueShield Federal Employee Program

XYWAV
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					

Xywav oral solution

(calcium, magnesium, potassium, and sodium oxybates)

****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? ❑Yes* ❑No

If YES, please select one of the following:

❑**Grams (g) per night**: How many grams (g) will the patient need for a 90 day supply? _____ (g) per 90 days

❑**Milliliters (mL) per night**: How many milliliters (mL) will the patient need for a 90 day supply? _____ (mL) per 90 days

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

1. What is the patient's diagnosis?
   - ❑ Cataplexy in narcolepsy
   - ❑ Excessive Daytime Sleepiness (EDS) in narcolepsy
   - ❑ Idiopathic hypersomnia
   - ❑ Other diagnosis ***(please specify)***:_____
2. Does the prescriber agree to monitor for signs of misuse, abuse, and addiction during therapy? ❑Yes ❑No
3. Has the patient been on Xywav 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 Xywav REMS program? ❑Yes ❑No

   b. Does the patient have succinic semialdehyde dehydrogenase deficiency? ❑Yes ❑No
4. Will the patient be using other *Prior Authorization (PA) sleep aids or another *oxybate product concurrently with Xywav? ❑Yes* ❑No

   If YES, specify the medication(s): _____

   Oxybate Product: Xyrem (sodium oxybate)

   PA Sleep Aids: Ambien/Ambien CR (zolpidem/zolpidem extended-release), Belsomra (suvorexant), Dalmane (flurazepam), Dayvigo (lemborexant), Edluar (zolpidem sublingual), Halcion (triazolam), Hetlioz (tasimelteon), Intermezzo (zolpidem sublingual), Lunesta (eszopiclone), Prosom (estazolam), Restoril (temazepam), Rozerem (ramelteon), Sonata (zaleplon), Zolpimist (zolpidem oral spray)

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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

Electronically Online (ePA) Results in 2-3 **minutes** **FASTEST AND EASIEST**	Now you can get responses to drug Prior Authorization requests **securely** online. **Online** submissions may receive **instant** responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to **Caremark.com/ePA.**
Phone (4-5 **minutes** for response)	The FEP Clinical Call Center can be reached at **(877)-727-3784** between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
Fax (3-5 **days** for response)	Fax the attached form to **(877)-378-4727**. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. ***Please only fax the completed form once as duplicate submissions may delay processing times.***