

**Xyrem (sodium oxybate),
Xywav (calcium, magnesium, potassium, and sodium oxybates)**

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
Provider Information	
* indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Criteria for Approval: (all criteria must be met) *Max Dose 9gm per day*

- Patient is 7 years or older.
- Diagnosis of Cataplexy associated with narcolepsy **OR** Excessive daytime sleepiness with narcolepsy **OR** Idiopathic Hypersomnia in adults (Xywav only)
- Patient is enrolled in the appropriate product REMS Program.
- Prescribed by or in consultation with a physician that is board certified in sleep medicine.
- Prescriber is enrolled in the appropriate REMS Program and attests to complying with safety requirements.
- Ruled out concomitant use of sedative-hypnotics, alcohol, or CNS depressants. Chart Note Page #: _____
- Insufficient response to adequately dosed and appropriate length of treatment with modafinil and/or armodafinil. (concomitant use is allowed)
Medication(s): _____ Chart Note Page #: _____
Dates of therapy: _____ Details of Failure: _____

Additional Criteria for Xywav:

- Clinically significant requirement for sodium restriction. (Describe and include relevant chart notes)
Description: _____ Chart Note Page #: _____

Re-authorization Criteria:

Updated letter of medical necessity or updated chart notes demonstrating positive clinical response.

Initial Authorization: Up to three (3) months

Re-authorization: Up to one (1) year

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date