



**Xyrem Prior Authorization**

**Fax Completed Form to:  
866-254-0761  
For questions regarding this  
Prior authorization, call  
866-773-0695**

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients who are prescribed Xyrem must meet these guidelines:

**\*Note:**

- **Must be 18 years or older.**
- **Must have a diagnosis of excessive daytime sleepiness and cataplexy in patients with narcolepsy.**
- **Must be enrolled in the Xyrem Success Program**

**Part I: TO BE COMPLETED BY PHYSICIAN**

Recipient Name		Recipient Date of Birth		Recipient Medicaid ID Number	
Physician Name					
Physician Medicaid Provider Number		Telephone Number		Fax Number	
Address		City		State	Zip Code
<b>Requested Drug and Dosage:</b> <input type="checkbox"/> Xyrem		<b>Diagnosis for this request:</b>			
<b>Qualifications for coverage:</b>					
<input type="checkbox"/> Enrolled in Xyrem Success Program		Enrolled Date:		Dose:	
Physician Signature				Date	

**Part II: TO BE COMPLETED BY PHARMACY**

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:		
PHONE NUMBER	FAX NUMBER	DRUG	NDC #		

**Part III: FOR OFFICIAL USE ONLY**

Date Received				Initials:	
Approved - Effective dates of PA: From:        /        / To:        /        /				Approved by:	
Denied: (Reasons)					