



XYREM PRIOR AUTHORIZATION
SD DEPARTMENT OF SOCIAL SERVICES
MEDICAL SERVICES DIVISION

Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-705-5391

SD Medicaid requires that patients receiving a new prescription for Xyrem must meet the following criteria:

- Patient must be 16 years of age or older.
- Patient must have a diagnosis of narcolepsy with cataplexy.
- Patient must have a diagnosis of narcolepsy with excessive daytime sleepiness with previous trial and failure of a standard stimulant agent (modafinil, armodafinil, methylphenidate, dextroamphetamine, or amphetamine/dextroamphetamine).
- Patient must be enrolled in the Xyrem Success Program.

Part I: RECIPIENT INFORMATION (To be completed by physician's representative or pharmacy):

RECIPIENT NAME:	RECIPIENT MEDICAID ID NUMBER:
Recipient Date of birth: / /	

Part II: PHYSICIAN INFORMATION (To be completed by physician's representative or pharmacy):

PHYSICIAN NAME:	PHYSICIAN MEDICAID PROVIDER NUMBER:	
PHYSICIAN ADDRESS:		
CITY:	PHONE: ()	FAX: ()

Part III: TO BE COMPLETED BY PHYSICIAN:

Requested Drug: (must be completed)			
Diagnosis for this request:			
Qualifications for coverage:			
<input type="checkbox"/> Failed stimulant therapy (list drug)	Start Date:	End Date:	Dose:
<input type="checkbox"/> Enrolled in Xyrem Success Program	Date:		
Physician Signature:			Date:

Part IV: PHARMACY INFORMATION

PHARMACY NAME:	SD MEDICAID PROVIDER NUMBER:
Phone: ():	FAX: ()
Drug:	NDC#:

Part V: FOR OFFICIAL USE ONLY

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