



**Texas Medicaid/CHIP Vendor Drug Program**  
**Texas Standard Prior Authorization Form Addendum**  
**Xyrem® (sodium oxybate)**

In addition to the *Texas Standard Prior Authorization Request Form for Prescription Drug Benefits*, please complete the information below. This information is essential to processing the prior authorization for the selected drug. Incomplete forms or failure to submit this addendum may cause delays in patient care and/or prior authorization denial. Please fax the completed Standard Prior Authorization Form and Addendum to (866) 469-8590 for Fee-For-Service patients. If the patient is enrolled in managed care, please contact the appropriate health plan for forms and instructions.

**SECTION I — PATIENT INFORMATION**

NAME:	MEDICAID ID #:	DOB:
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**SECTION II — PRESCRIBER INFORMATION**

NAME:	NPI#:	PHONE:
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**SECTION III — MEDICATION INFORMATION**

1. Does the patient have excessive daytime sleepiness in narcolepsy, narcolepsy, or narcolepsy with cataplexy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the patient have a contraindication or intolerance to alternative stimulant agents to treat narcolepsy in cataplexy, narcolepsy or excessive daytime sleepiness in narcolepsy?  Please describe below, including previous therapies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the prescriber documented that the patient is enrolled in the Xyrem REMS Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the prescriber enrolled in the Xyrem REMS Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the patient currently using alcohol or illicit drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION IV — REVIEW**

Expedited/Urgent Review Requested  
 By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function.

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 Signature of Prescriber or Prescriber’s Designee

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 Date