

Texas Vendor Drug Program
Xyrem Standard PA Addendum (Medicaid)

Please complete the information below. The information is essential to processing the prior authorization (PA) for the selected drug. Please fax both the [Texas Standard Prior Authorization Request Form for Prescription Drug Benefits \(TDI Form NOFR002\) \(PDF\)](#) and Form 1356 to the Texas Prior Authorization Call Center at 866-469-8590. Incomplete forms or failure to submit this addendum may cause delays in patient care and/or prior authorization denial. This form is only for people enrolled in Medicaid fee-for-service. If the person is enrolled in managed care, please contact the appropriate MCO for forms and instructions.

Section I – Patient Information		
Name of Patient	Medication ID No.	Date of Birth (MM/DD/YYYY)

Section II – Prescriber Information		
Name of Prescriber	NPI ID No.	Area Code and Telephone No.

Section III – Medication Information		
1. Does the patient have excessive daytime sleepiness in narcolepsy, narcolepsy, or narcolepsy with cataplexy?	Yes	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?	Yes	No
3. Has the prescriber documented that the patient is enrolled in the Xyrem Risk Evaluation and Mitigation Strategy (REMS) Program?	Yes	No
4. Is the prescriber enrolled in the Xyrem REMS Program?	Yes	No
5. Is the patient currently using alcohol or illicit drugs?	Yes	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.

Signature of Prescriber or Prescriber's Designee

Date
