



TEXAS MEDICAID

Clinical Edit Prior Authorization

sodium oxybate (XYREM) / XYWAV

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA

Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Is the client less than (<) 7 years of age?

Yes (Deny)
 No (Go to #2)

2. Does the client have a diagnosis of alcohol or substance abuse in the last 730 days?

Yes (Deny)
 No (Go to #3)

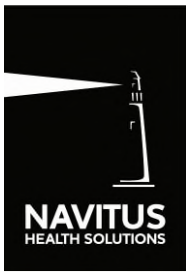
3. Does the client have a claim for a central nervous system (CNS) depressant agent in the last 60 days?

Examples of CNS depressants include benzodiazepines (e.g., alprazolam, chlordiazepoxide, clonazepam, diazepam, lorazepam), and sleep aids (e.g., zolpidem, AMBIEN, eszopiclone, LUNESTA, temazepam, RESTORIL, ROZEREM, SONATA, zaleplon, triazolam, estazolam, flurazepam)

Yes (Deny)
 No (Go to #4)

4. Is the requested dose per day less than or equal to (≤) 9 grams?

Yes (Go to #5)
 No (Deny)



5. Does the client have a diagnosis of narcolepsy or cataplexy in the last 730 days?

- Yes (Approve – 365 days)
- No (And the request is for XYWAV, go to #6)
- No (And the request is for XYREM, deny)

6. Does the client have a diagnosis of idiopathic hypersomnia in the last 730 days?

- Yes (Approve – 365 days)
- No (Deny)

STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

Prescriber Signature: _____ **Date:** _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.