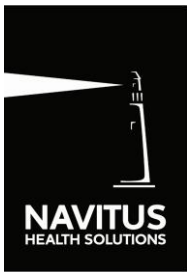




# TEXAS MEDICAID

## 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	
<input type="checkbox"/> Indicate Primary Diagnosis: _____ ICD 10 Code: _____	
1. Is the medication being prescribed by, or in consultation with, a neurologist or sleep specialist or has the client had a sleep study with a sleep latency test? [Manual Step] <input type="checkbox"/> Yes (Go to #2) <input type="checkbox"/> No (Deny)	
2. Is the client less than (<) 7 years of age? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #3)	
3. Does the client have a diagnosis of alcohol or substance abuse in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #4)	
4. 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)  <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #5)	



5. Is the requested dose per day less than or equal to ( $\leq$ ) 9 grams?

Yes (Go to #6)

No (Deny)

6. Does the client have a diagnosis of narcolepsy or cataplexy 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.