



# TEXAS MEDICAID

## Clinical Edit Prior Authorization

### deflazacort (EMFLAZA) - Renewal Requests

#### 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: MEDICATION INFORMATION

Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

Patient's Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Please indicate ONE (1) of the following:

STAR / STAR KIDS client (**Go to Step 3 - PDL PA Criteria Applies**)

**OR**  CHIP / PERINATE client (**Go to Step 4**)

#### STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT

1. Has the client failed a 10-day treatment trial with at least 1 preferred agent in the last 180 days?

Yes (Go to Step 4 Question 1)       No (Go to #2)

2. Is there a documented allergy or contraindication to preferred agents in this class?

Yes (Go to Step 4 Question 1)       No (Go to #3)

3. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?

Yes (Go to Step 4 Question 1)       No (Deny)



**STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA**

1. Does the physician state that the client continues to have a positive response to therapy? [Manual Step]

Yes (Go to #2)

No (Deny)

2. Does the client have a claim for a moderate or strong CYP3A4 inducer in the last 90 days?

Examples include ATRIPLA, carbamazepine (EPITOL, EQUETRO, TEGRETOL), nevirapine (VIRAMUNE), phenobarbital, phenytoin (DILANTIN), pioglitazone (ACTOS), rifabutin (MYCOBUTIN), rifampin (RIFADIN), RIFATER, SUSTIVA, and XTANDI.

Yes (Deny)

No (Approve – 365 days)

**STEP 5: 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.