



# TEXAS MEDICAID Preferred Drug List (PDL) Criteria for Non-Preferred Drugs (NPD or NAP): HEPATITIS C AGENTS

Please visit <http://www.txvendordrug.com/> for Preferred Drug List

| 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: _____   |                               |
| STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT  |                               |
| 1. Has the client been stable on 1 non-preferred agent for 30-days in the last 180 days?<br><input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Go to #2)                |                               |
| 2. Has the client failed a 30-day treatment trial with at least 1 preferred agent in the past 180 days?<br><input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Go to #3) |                               |
| 3. Is there a documented allergy or contraindication to preferred agents in this class?<br><input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Go to #4)                 |                               |
| 4. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?<br><input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Deny)     |                               |
| STEP 4: 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.