



TEXAS MEDICAID

Clinical Edit Prior Authorization clonazepam (KLONOPIN), diazepam

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: _____	
Indicate the drug's formulary status: *(Formulary available at www.txvendordrug.com) <input type="checkbox"/> Non-Preferred Drug (NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies) OR <input type="checkbox"/> Preferred Drug (Go to Step 4) OR <input type="checkbox"/> No Status, Drug is not in a Market Basket (Go to Step 4) OR <input type="checkbox"/> N/A as this request is for a CHIP / PERINATE client (Go to Step 4)	
STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT	
1. Has the client failed a 30-day treatment trial with at least 1 preferred agent in the last 180 days? <input type="checkbox"/> Yes (Go to Step 4 Question 1) <input type="checkbox"/> No (Go to #2)	
2. Is there a documented allergy or contraindication to preferred agents in this class? <input type="checkbox"/> Yes (Go to Step 4 Question 1) <input type="checkbox"/> No (Go to #3)	
3. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? <input type="checkbox"/> Yes (Go to Step 4 Question 1) <input type="checkbox"/> No (Deny)	



STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA

1. Does the client have a history of a clonazepam or diazepam agent for 90 days in the last 150 days?

Yes (Approve - 365 days) No (Go to #2)

2. Is the incoming request for less than or equal to (\leq) 1 day supply?

Yes (Go to #3) No (Go to #4)

3. Is the incoming request for less than or equal to (\leq) 5 units per day?

Yes (Approve - 1 day) No (Go to #4)

4. Does the client have a diagnosis of epilepsy in the last 730 days?

Yes (Approve - 365 days) No (Go to #5)

5. Does the client have a history of an anticonvulsant agent in the last 45 days?

Examples of anticonvulsants include BRIVIACT, carbamazepine (TEGRETOL, EQUETRO, CARBATROL), divalproex (DEPAKOTE), gabapentin (NEURONTIN), lamotrigine (LAMICTAL), levetiracetam (KEPPRA), LYRICA, oxcarbazepine (TRILEPTAL), phenobarbital, phenytoin (DILANTIN), topiramate (TOPAMAX, QUDEXY, TROKENDI), valproic acid (DEPAKENE), and zonisamide.

Yes (Approve - 365 days) No (Go to #6)

6. Does the client have a diagnosis of muscle disorder in the last 730 days?

Yes (Approve - 365 days) No (Go to #7)

7. Does the client have a diagnosis of anxiety disorder in the last 730 days?

Yes (Go to #9) No (Go to #8)

8. Does the client have a diagnosis of drug abuse in the last 730 days?

Yes (Deny) No (Go to #9)

9. Is the client less than ($<$) 6 months of age?

Yes (Deny) No (Go to #10)



STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA

10. Is the client greater than or equal to (\geq) 6 months of age and less than or equal to (\leq) 18 years of age?

- Yes (Go to #11) No (Go to #14)

11. Does the client have a diagnosis of anxiety disorder in the last 730 days?

- Yes (Go to #12) No (Go to #13)

12. Does the client have a history of an anxiolytic agent for 60 days in the last 90 days?

Examples of anxiolytic agents include alprazolam (XANAX), buspirone, chlordiazepoxide, clorazepate (TRANXENE), clonazepam (KLONOPIN), diazepam, lorazepam, meprobamate, and oxazepam.

- Yes (Deny) No (Approve - 60 days)

13. Does the client have a history of an anxiolytic agent for 30 days in the last 60 days?

Examples of anxiolytic agents include alprazolam (XANAX), buspirone, chlordiazepoxide, clorazepate (TRANXENE), clonazepam (KLONOPIN), diazepam, lorazepam, meprobamate, and oxazepam.

- Yes (Deny) No (Approve - 30 days)

14. Does the client have a diagnosis of anxiety disorder in the last 730 days?

- Yes (Go to #15) No (Go to #16)

15. Does the client have a history of an anxiolytic agent for 180 days in the last 200 days?

Examples of anxiolytic agents include alprazolam (XANAX), buspirone, chlordiazepoxide, clorazepate (TRANXENE), clonazepam (KLONOPIN), diazepam, lorazepam, meprobamate, and oxazepam.

- Yes (Deny) No (Approve - 180 days)

16. Does the client have a history of an anxiolytic agent for 60 days in the last 90 days?

Examples of anxiolytic agents include alprazolam (XANAX), buspirone, chlordiazepoxide, clorazepate (TRANXENE), clonazepam (KLONOPIN), diazepam, lorazepam, meprobamate, and oxazepam.

- Yes (Deny) No (Approve - 60 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.