



Fax completed form to Navitus at: 855-668-8553
For questions, please call: 877-908-6023

TEXAS MEDICAID

Drug Prior Authorization

Anxiolytics: clonazepam (KLONOPIN) & diazepam (VALIUM)

Request Information (required)

This request is:

- Expedited* (Urgent)
- Standard (Non-Urgent)

*Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

Member Information (required)

Prescriber Information (required)

Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :		Specialty:
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

- Medication Requested (Name):
(Go to #2)

Drug Prior Authorization

Anxiolytics: clonazepam (KLONOPIN) & diazepam (VALIUM)

2. Quantity Requested:
(Go to #3)

3. Dose Requested (Strength):
(Go to #4)

4. Dosing Instructions:
(Go to #5)

Required Criteria

5. Provide primary diagnosis including ICD-10 code(s):
(Go to #6)

6. Please indicate the requested drug's formulary status: *(Formulary available at www.txvendordrug.com)

Non-Preferred Drug (NPD or NAP)

(Go to #7)

Preferred Drug (PDL)

(Go to #10)

No Status, Drug is not in a Market Basket

(Go to #10)

N/A as this request is for a CHIP/PERINATE member

(Go to #10)

Preferred Drug List (PDL) Criteria (required for non-preferred products)

7. Has the member failed a 30-day treatment trial with at least one (1) preferred agent in the last 180 days?

Yes

(Go to #10)

No

(Go to #8)

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

Yes

(Go to #10)

No

(Go to #9)

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

Yes

(Go to #10)

No (Deny)

(Go to #10)

Clinical Criteria (required)

10. Does the member have a history of a clonazepam (KLOINIPIN) or diazepam (VALIUM) agent for 90 days in the last 150 days?

Yes (Approve - 365 days)
(Go to #25)

No
(Go to #11)

11. Is the incoming request for less than or equal to (\leq) five (5) units?

Yes (Approve - 1 day)
(Go to #25)

No
(Go to #12)

12. Does the member have a diagnosis of epilepsy in the last 730 days?

Yes (Approve - 365 days)
(Go to #25)

No
(Go to #13)

13. Does the member have a history of an anticonvulsant agent in the last 45 days?

Examples of anticonvulsant agents include: APTIOM, BANZEL, BRIVIACT, carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), CELONTIN, divalproex (DEPAKOTE), EPIDIOLEX, ethosuximide (ZARONTIN), felbamate (FELBATOL), FYCOMBA, gabapentin (NEURONTIN), lamotrigine (LAMICTAL), levetiracetam (KEPPRA, SPRITAM), LYRICA, oxcarbazepine (OXTELLAR, TRILEPTAL), PEGANONE, phenobarbital, phenytoin (DILANTIN, PHENYTEK), primidone (MYSOLINE), tiagabine (GABITRIL), topiramate (QUDEXY, TOPAMAX, TROKENDI), valproic acid (DEPAKENE), vigabatrin (SABRIL), VIMPAT, and zonisamide.

Yes (Approve - 365 days)
(Go to #25)

No
(Go to #14)

Drug Prior Authorization

Anxiolytics: clonazepam (KLONOPIN) & diazepam (VALIUM)

14. Does the member have a diagnosis of muscle disorder in the last 730 days?

Yes (Approve - 365 days)

(Go to #25)

No

(Go to #15)

15. Does the member have a diagnosis of anxiety disorder in the last 730 days?

Yes

(Go to #17)

No

(Go to #16)

16. Does the member have a diagnosis of drug abuse or dependence in the last 730 days?

Yes (Deny)

(Go to #17)

No

(Go to #18)

17. Is the member less than (<) six (6) months of age?

Yes (Deny)

(Go to #18)

No

(Go to #18)

18. Is the member between six (6) months and 18 years (greater than or equal to [\geq] six [6] months and less than or equal to [\leq] 18 years) of age?

Yes

(Go to #19)

No

(Go to #22)

19. Does the member have a diagnosis of anxiety disorder in the last 730 days?

Yes

(Go to #20)

No

(Go to #21)

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

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

Yes (Deny)

(Go to #21)

No (Approve - 60 days)

(Go to #25)

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

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

Yes (Deny)

(Go to #22)

No (Approve - 30 days)

(Go to #25)

22. Does the member have a diagnosis of anxiety disorder in the last 730 days?

Yes

(Go to #23)

No

(Go to #24)

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

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

Yes (Deny)
(Go to #24)

No (Approve - 180 days)
(Go to #25)

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

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

Yes (Deny)
(Go to #25)

No (Approve - 60 days)
(Go to #25)

Additional Information

25. Please provide any additional information we should consider (or attach any supporting documents):
(END)

Submission Information (required)

Prescriber Signature: _____ **Date:** _____

**** PLEASE FAX COMPLETED FORM TO: 855-668-8553 ****

Drug Prior Authorization

Anxiolytics: clonazepam (KLONOPIN) & diazepam (VALIUM)

If criteria not met, submit chart documentation with form citing complex medical circumstances.

For questions, please call Customer Care at 877-908-6023

For questions, please call Navitus Customer Care at 1-877-908-6023.