



# TEXAS MEDICAID Clinical Edit Prior Authorization lorazepam

## 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

Indicate Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

1. Does the client have a history of a lorazepam 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)

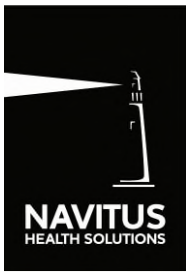
5. Does the client have a history of an anticonvulsant agent in the last 45 days?

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? <input type="checkbox"/> Yes (Approve - 365 days) <input type="checkbox"/> No (Go to #7)
7. Does the client have a diagnosis of anxiety disorder in the last 730 days? <input type="checkbox"/> Yes (Go to #9) <input type="checkbox"/> No (Go to #8)
8. Does the client have a diagnosis of drug abuse in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #9)
9. Is the client less than (<) 12 years of age? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #10)
10. Is the client greater than or equal to (≥) 12 years of age and less than or equal to (≤) 18 years of age? <input type="checkbox"/> Yes (Go to #11) <input type="checkbox"/> No (Go to #14)
11. Does the client have a diagnosis of anxiety disorder in the last 730 days? <input type="checkbox"/> Yes (Go to #12) <input type="checkbox"/> 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.  <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> 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.  <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve - 30 days)
14. Does the client have a diagnosis of anxiety disorder in the last 730 days? <input type="checkbox"/> Yes (Go to #15) <input type="checkbox"/> 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.  <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> 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 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.