



TEXAS MEDICAID Clinical Edit Prior Authorization alprazolam (XANAX)

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)

- Non-Preferred Drug (**NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies**)
OR Preferred Drug (**Go to Step 4**)
OR No Status, Drug is not in a Market Basket (**Go to Step 4**)
OR 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?

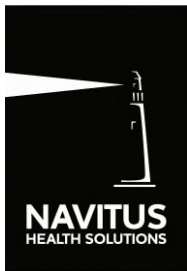
- Yes (Go to Step 4 Question 1) No (Go to #2)

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

Yes (Deny)

No (Go to #2)

2. Is the client less than (<) 18 years of age?

Yes (Deny)

No (Go to #3)

3. Does the client have a history of an alprazolam agent for greater than (>) 120 days in the last 365 days?

Yes (Go to #4)

No (Approve - 120 days)

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

Yes (Go to #5)

No (Go to #6)

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

Yes (Approve - 1 day)

No (Deny)

6. Has the client had 1 claim for a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI) in the last 180 days?

Examples of SSRIs include citalopram (CELEXA), escitalopram (LEXAPRO), fluoxetine (PROZAC), fluvoxamine, paroxetine (PAXIL), sertraline (ZOLOFT), TRINTELLIX, and VIIBRYD.

Examples of SNRIs include desvenlafaxine (KHEDEZLA, PRISTIQ), duloxetine (CYMBALTA), FETZIMA, and venlafaxine (EFFEXOR).

Yes (Go to #7)

No (Deny)

7. Does the client have a diagnosis of generalized anxiety disorder (GAD) or panic disorder in the last 730 days?

Yes (Approve - 120 days)

No (Deny)

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.