



TEXAS MEDICAID

Clinical Edit Prior Authorization

risdiplam (EVRYSDI) – Renewal Requests

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. Is the client greater than (>) 65 years of age?

- Yes (Deny)
- No (And the client is female < 51 years of age, go to #2)
- No (And the client is male or female ≥ 51 years of age, go to #3)

2. Is the client pregnant?

- Yes (Deny)
- No (Go to #3)

3. Has the client had a positive response to treatment, demonstrated by clinical improvement or no decline in function? **(Supporting documentation must be provided comparing baseline functional scores to current scores)**

Note: Testing tools that can be used to demonstrate physical function include, but are not limited to:

- The Hammersmith Infant Neurological Exam (HINE)
- The Hammersmith Functional Motor Scale Expanded (HFSME)
- The Upper Limb Module (UML) or revised Upper Limb Module (RULM)
- Baseline 6MWT
- Children’s Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND)

- Yes (Approve – 365 days)
- No (Deny)



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.