



# TEXAS MEDICAID Clinical Edit Prior Authorization Agents for Gaucher's Disease

## 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:
Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

## STEP 2: COMPLETE REQUIRED CRITERIA

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

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1. Does the client have a diagnosis of Gaucher's disease in the last 730 days?  
 Yes (Go to #2)                       No (Deny )

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2. Is the client currently pregnant?  
 Yes (Deny)                               No (Go to #3)

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3. Does the client have one (1) claim for a medication for Gaucher's disease (excluding the incoming claim) in the last 14 days?  
 Yes (Deny)                               No (Approve – 365 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.