



TEXAS MEDICAID Clinical Edit Prior Authorization flurazepam

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 flurazepam 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 chronic sleep disorder in the last 730 days?

Yes (Go to #6) No (Go to #5)

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

Yes (Deny) No (Go to #6)

6. Is the client less than (<) 15 years of age?

Yes (Deny) No (Go to #7)



7. Is the client greater than or equal to (\geq) 15 years of age and less than or equal to (\leq) 18 years of age? <input type="checkbox"/> Yes (Go to #8) <input type="checkbox"/> No (Go to #11)
8. Does the client have a diagnosis of insomnia in the last 180 days? <input type="checkbox"/> Yes (Go to #9) <input type="checkbox"/> No (Go to #10)
9. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days? Examples of sedative/hypnotic agents include BELSOMRA, estazolam, eszopiclone (LUNESTA), temazepam (RESTORIL), triazolam, zaleplon (SONATA), and zolpidem (AMBIEN, EDLUAR, INTERMEZZO). <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve – 30 days)
10. Does the client have a history of a sedative/hypnotic agent for 15 days in the last 30 days? Examples of sedative/hypnotic agents include BELSOMRA, estazolam, eszopiclone (LUNESTA), temazepam (RESTORIL), triazolam, zaleplon (SONATA), and zolpidem (AMBIEN, EDLUAR, INTERMEZZO). <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve – 15 days)
11. Does the client have a diagnosis of insomnia in the last 365 days? <input type="checkbox"/> Yes (Go to #12) <input type="checkbox"/> No (Go to #13)
12. Does the client have a history of a sedative/hypnotic agent for 90 days in the last 120 days? Examples of sedative/hypnotic agents include BELSOMRA, estazolam, eszopiclone (LUNESTA), temazepam (RESTORIL), triazolam, zaleplon (SONATA), and zolpidem (AMBIEN, EDLUAR, INTERMEZZO). <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve – 90 days)
13. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days? Examples of sedative/hypnotic agents include BELSOMRA, estazolam, eszopiclone (LUNESTA), temazepam (RESTORIL), triazolam, zaleplon (SONATA), and zolpidem (AMBIEN, EDLUAR, INTERMEZZO). <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve – 30 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.