



Clinical Prior Authorization Assistance Chart

February 2024

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Pharmacy Clinical Prior Authorizations

HHSC bases clinical prior authorizations on evidence-based clinical criteria and nationally recognized peer-reviewed information. The prior authorization may apply to an individual drug or a drug class on the formulary, including some preferred and non-preferred drugs. Clinical prior authorizations approved by the Texas Drug Utilization Review Board are available for use by the Vendor Drug Program for traditional Medicaid and managed care organizations (MCO). There are specific clinical prior authorizations all MCOs are required to perform. Usage of all other clinical prior authorizations will vary between MCOs.

- Clinical Prior Authorizations for Managed Care
 - ▶ txvendordrug.com/formulary/clinical-prior-authorizations-managed-care
- Clinical Prior Authorizations for Traditional Medicaid
 - ▶ txvendordrug.com/formulary/clinical-prior-authorizations-managed-care

Obtaining Prior Authorization for Medicaid Managed Care

Prescribing providers or their representatives must contact the client's MCO. Use the MCO Search to find each MCO's prior authorization and member call center phone numbers.

- txvendordrug.com/resources/mco-search

About the Assistance Chart

Each prior authorization guide describes the prior authorization evaluation process steps. All steps apply to traditional Medicaid claims. This assistance chart identifies which MCO utilizes prior authorizations and how those prior authorizations relate to those used by VDP.

February Revisions

- New clinical prior authorization approved for:
 - ▶ Antipsychotic Agents
 - ◊ New criteria for Rykindo (risperidone)
 - ▶ Colchicine Agents
 - ◊ New criteria for Lodoco (colchicine)
 - ▶ Cytokine and CAM Antagonists
 - ◊ New criteria for Entyvio Pen (vedolizumab)
 - ▶ Topical Immunomodulators
 - ◊ New criteria for Zoryve (roflumilast)
- Clinical prior authorization revisions approved for:
 - ▶ Antimigraine Agents, Triptans
- Clinical prior authorizations for Hormonal Therapy Agents must be performed by all MCOs effective 3/1/2024.

Drugs included within categories

Prior Authorization	Drugs
Aliskiren Agents	Aliskiren, Tekturna, Tekturna HCT
Buprenorphine Agents	Bunavail, buprenorphine/naloxone, Suboxone, Zubsolv
Calcitonin Gene-Related Peptide Receptor Antagonists (CGRP), Prophylaxis	Aimovig, Ajovy, Emgality, Nurtec ODT, Qulipta
Calcitonin Gene-Related Peptide Receptor Antagonists (CGRP), Acute	Nurtec ODT, Ubrelvy, Zavzpret
Cystic Fibrosis	Kalydeco, Orkambi, Symdeko, Trikafta
Cytokine and CAM Antagonists	Actemra, Arcalyst, Cibinqo, Cimzia, Cosentyx, Enbrel, Enspryng, Entyvio, Humira, Ilaris, Ilumya, Kevzara, Kineret, Litfulo, Olumiant, Orencia, Otezla, Rinvoq, Siliq, Simponi, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya, Xeljanz

Prior Authorization	Drugs
Dipeptidyl Peptidase-4 Inhibitors	Alogliptin, Januvia, Nesina, Onglyza, Tradjenta Alogliptin-metformin, alogliptin-piogliptin, Glyxambi, Janumet, Janumet XR, Jentaduetto, Kazano, Kombiglyze XR, Oseni, Qtern, Steglujan
Enzymes	Aldurazyme, Ceprotin, Elaprase, Fabrazyme, Galafold, Naglazyme, Nityr/Orfadin, Revcovi, Strensiq, Vimizim
Fentanyl Agents	Actiq, Fentanyl, Fentora
Gastrointestinal (GI) Motility	Amitiza, Ibsrela, Linzess, Lotronex, Motegrity, Movantik, Relistor, Symproic, Trulance, Viberzi
Gaucher's Disease	Cerdelga, Cerezyme, Elelyso, Vpriv, Zavesca
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Soliqua, Trulicity, Victoza, Xultophy
Hereditary Angioedema	Berinert, Cinryze, Firazyf, Haegarda, Icatibant, Kalbitor, Orladeyo, Ruconest, Takhzyro
Hyperlipidemia Agents	Juxtapid, Praluent, Repatha
Inhaled Antibiotics	Bethkis, Cayston, Kitabis, Tobi, Tobi Podhaler, Tobramycin
Leukotriene Modifiers	Singulair (montelukast), Accolate (zafirlukast), Zyflo CR (zileuton ER)
Multiple Sclerosis Agents	Ampyra (dalfampridine), Aubagio(teriflunomide), Mavenclad, Mayzent, Ponvory, Tascenso ODT, Zeposia
Phosphate Binders	Auryxia, calcium acetate, Calphron, Fosrenol, lanthanum carbonate, Phoslyra, Renagel, Renvela, Sevelamer, Velphoro
Proton Pump Inhibitors	Aciphex, Dexilant, esomeprazole, lansoprazole, Nexium, omeprazole, pantoprazole, Prevacid, Protonix, rabeprazole, Zegerid
Pulmonary Hypertension Agents	Flolan, Remodulin, Veletri Adepas, Bosentan, Letairis, Opsumit, Orenitram, Tracleer, Tyvaso, Uptravi, Ventavis
SGLT2 Inhibitor Agents	Farxiga, Inpefa, Invokana, Jardiance, Steglatro Invokamet, Invokamet XR, Segluromet, Synjardy, Synjardy XR, Xigduo XR
Topical Immunomodulators	Elidel, Eucrisa, Opzelura, Protopic, Tacrolimus
Urea Cycle Disorder Agents	Buphenyl, Carbaglu, Olpruva, Ravicti, Sodium Phenylbutyrate

Prior Authorization	Drugs
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	Austedo, Ingrezza, tetrabenazine, Xenazine

Chart Abbreviations

Status

- ◆ = Follows all steps of the prior authorization
- ◇ = Does not follow all steps of the prior authorization
- Blank = Prior authorization does not apply

Items marked with an asterisk (*) identify clinical prior authorizations all MCOs must perform for Medicaid.

Payers

- VDP = Vendor Drug Program
- AET = Aetna
- BCS = Blue Cross Blue Shield
- CFT = Community First
- CHC = Community Health Choice
- CKC = Cook Children's
- DEL = Dell Children's Health Plan
- DRC = Driscoll Children's
- EPH = El Paso Health
- FCR = FirstCare
- MHT = Molina Healthcare of Texas
- PRK = Parkland
- SCW = Scott & White
- SUP = Superior HealthPlan
- TXC = Texas Children's
- UHC = United Healthcare
- WPT = Wellpoint (formerly Amerigroup)

Clinical Prior Authorizations

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
ADD/ADHD Medications	◆		◆	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇		◆
Aliskiren-Containing Agents (except Valtorna)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Allergen Extracts	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Altabax	◆	◆	◆													◆	◆
Amantadine ER Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Amyotrophic Lateral Sclerosis (ALS) Agents		◆									◆			◆			◆
Androgenic Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Antiemetics	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Antifungal Agents, Topical		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Antimigraine Agents, Ergot Derivatives	◆	◆												◆			◆
Antimigraine Agents, Triptans	◆	◆												◆			◆
Antipsychotics	◆			◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇		◆
Antiseizure Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Anxiolytics and Sedatives/Hypnotics	◆	◆		◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◇	◆		◆
Arikayce				◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT	
Binge Eating Disorder Agents		◆	◆								◆			◆			◆	
Buprenorphine Agents	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆	
Carisoprodol Containing Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Carisoprodol Overuse	◆																◆	
CGRP Antagonists, Acute	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆	
CGRP Antagonists, Prophylaxis	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
CNS Stimulants (Provigil/Nuvigil/Sunosi)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Colchicine Agents											◆			◆			◆	
Cough/Cold Medications	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
COX-2 Inhibitors	◆	◆									◇						◆	
Cyclobenzaprine	◆	◆	◆								◆			◇			◆	
Cymbalta											◇			◆			◆	
Cystic Fibrosis	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Cytokine and CAM Antagonists	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆	
Daybue				◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Desmopressin	◆	◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇		◆	
Dextromethorphan Overutilization	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Diabetic Test Strips		◆	◆								◆							

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Diclofenac		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		◆
Dopamine Agonists		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Doxylamine/Pyridoxine		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Duplicate Therapy	◆													◇			
Emflaza	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enzymes	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Erythropoiesis-Stimulating Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Evryssi		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fecal Microbiota Transplantation (FMT) Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fentanyl Agents	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		◆
Filspari											◆						◆
Forteo		◆									◆			◆			◆
Gabapentin Agents	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◇	◆
Gattex	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Gaucher's Disease Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
GI Motility Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT	
Glatiramer Acetate Injection		◆									◆			◆		◆	◆	
Glucagon-like Peptide-1 (GLP-1) Receptor Agonists	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Growth Hormones	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
H.P. Acthar	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Hemady		◆									◆			◆		◆	◆	
Hereditary Angioedema Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Hyperlipidemia Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
IBAT Inhibitors		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Imcivree											◆						◆	
Imiquimod	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Immunomodulator Agents for Dry Eye		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Increlex	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Inhaled Antibiotics	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Ketorolac	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Keveyis		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Leukotriene Modifiers	◆	◆		◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◆	◇		◆	

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Lidocaine Patches		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Lupus Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Lyrica		◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
Monoclonal Antibody Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Multiple Sclerosis Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nitazoxanide	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nuedexta	◆	◆	◆								◆			◆		◆	◆
Nuplazid		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Omega-3 Fatty Acids	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Opiate Overutilization	◆	◆															◆
Opiate/Benzodiazepine/Muscle Relaxant Combinations	◆	◆									◆						◆
Orilissa		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Oxervate		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Oxycodone Extended-Release Products	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆		◆
Palforzia		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
PDE5 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phosphate Binders	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Plavix		◆															◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT	
Promethazine Agents *	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Propylthiouracil	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Proton Pump Inhibitors		◆									◇			◆			◆	
Pulmonary Arterial Hypertension	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆	
Pulmozyme		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Ranexa	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Recorlev		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Rezurock											◆						◆	
RVVC Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Savella		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
SGLT2 Inhibitors	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Sickle Cell Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Skyclarys											◆						◆	
Symlin	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Synagis *	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Thiazolidinediones	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		◆
Topical Acne Agents		◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇		◆
Topical Immunomodulators	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
Topical Retinoids		◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇		◆
Transthyretin Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Urea Cycle Disorder Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Veozah		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
VMAT2 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Voxzogo		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Xifaxan	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆
Xyrem/Xywav	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Zelboraf	◆	◆	◆								◆			◆		◆	◆

Diabetic Test Strips

Some MCOs have a preferred brand of glucose monitoring test strips. The prescriber may choose any brand on the Medicaid Formulary if no brand is listed. Refer to the Drug Search at txvendordrug.com/formulary/formulary-search to search.

- **Aetna:**
 - ▶ OneTouch
- **Blue Cross Blue Shield:**
 - ▶ One Touch
- **Community First:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **Community Health Choice:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **Cook Children's:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **Dell Children's:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **Driscoll Children's:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **El Paso Health:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **FirstCare:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **Molina Healthcare:**
 - ▶ True Metrix - Nipro
- **Parkland:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **Scott & White:**
 - ▶ NA
- **Superior HealthPlan:**
 - ▶ True Metrix
- **Texas Children's:**
 - ▶ Trividia True Metrix and Abbott products Freestyle and Precision
- **United Healthcare:** OneTouch
- **Wellpoint:**
 - ▶ Truetest and True Metrix Test Strips - Nipro