



Clinical Prior Authorization Assistance Chart

November 2022

Contents

Pharmacy Clinical Prior Authorizations _____	2
Obtaining Prior Authorization for Medicaid Managed Care _____	2
About the Assistance Chart _____	2
November 2022 Revisions _____	3
Drugs included within categories _____	3
Chart Abbreviations _____	5
Status _____	5
Payers _____	5
Clinical Prior Authorizations _____	6
Diabetic Test Strips _____	13

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.

- Traditional Medicaid
 - ▶ txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa
- Medicaid managed care
 - ▶ txvendordrug.com/formulary/prior-authorization/mco-clinical-pa

Obtaining Prior Authorization for Medicaid Managed Care

Prescribing providers or their representatives must contact the client's MCO. Refer to the MCO Resources page for each MCO's prior authorization and member call center phone numbers.

- txvendordrug.com/resources/managed-care/mco-resources

About the Assistance Chart

Each prior authorization guide includes a description of 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.

November Revisions

- New clinical prior authorization approved for:
 - ▶ Antisiezure Agents previously called "Epidiolex". Added Fintepla (fenfluramine).
- Clinical prior authorization revisions approved for:
 - ▶ Sodium-glucose cotransporter-2 (SGLT2). Revised criteria for Farxiga (dapagliflozin) and Jardiance (empagliflozin).
 - ▶ Gastrointestinal Mobility. Added Ibsrela (tenapanor).
 - ▶ Monoclonal Antibody Agents. Added Xolair (omalizumab). Combined Dupixent clinical criteria into Monoclonal Antibody Agents.
 - ▶ Allergen Extracts. Revised criteria for Oralair.

Drugs included within categories

Prior Authorization	Drugs
Aliskiren Agents	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
Cystic Fibrosis	Kalydeco, Orkambi*, Symdeko, Trikafta
Cytokine and CAM Antagonists	Actemra, Arcalyst, Cibinqo, Cimzia, Cosentyx, Enbrel, Enspryng, Humira, Ilaris, Ilumya, Kevzara, Kineret, Olumiant, Orenzia, Otezla, Rinvoq, Siliq, Simponi, Skyrizi, Stelara, Taltz, Tremfya, Xeljanz
Dipeptidyl Peptidase-4 Inhibitors	Alogliptin, Januvia, Nesina, Onglyza, Tradjenta Alogliptin-metformin, alogliptin-pioglipitin, Glyxambi, Janumet, Janumet XR, Jentadueto, Kazano, Kombiglyze XR, Oseni, Qtern, Steglujan
Enzymes	Aldurazyme, Ceprotin, Elaprase, Fabrazyme, Galafold, Naglazyme, Nityr/Orfadin, Revcovi, Strensiq, Vimizim
Fentanyl Agents	Actiq, Fentora
Gastrointestinal (GI) Motility	Amitiza, Ibsrela, Linzess, Lotronex, Motegrity, Movantik, Relistor, Symproic, Trulance, Viberzi

Prior Authorization	Drugs
Gaucher's Disease	Cerdelga, Cerezyme, Elelyso, Vpriv, Zavesca
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	Adlyxin, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Soliqua, Trulicity, Victoza, Xultophy
Hereditary Angioedema	Berinert, Cinryze, Firazyr, Haegarda, Kalbitor, Orladeyo, Ruconest, Takhzyro
Hyperlipidemia Agents	Juxtapid, Praluent, Repatha
Inhaled Antibiotics	Bethkis, Cayston, Kitabis, Tobi, Tobi Podhaler, Tobramycin
Leukotriene Modifiers	Singulair (montelukast), Accolate (zafirlukast), Zflo CR (zileuton ER)
Multiple Sclerosis Agents	Ampyra (dalfampridine), Aubagio, Mavenclad, Mayzent, Ponvory, 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 Adempas, Letairis, Opsumit, Orenitram, Tracleer, Tyvaso, Uptravi, Ventavis
SGLT2 Inhibitor Agents	Farxiga, 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, Ravicti, Sodium Phenylbutyrate
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
- AGP = Amerigroup
- 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

Clinical Prior Authorizations

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC
ADD/ADHD Medications	◆	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	
Aliskiren-Containing Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Allergen Extracts	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Altabax (Retapamulin)	◆	◆	◆	◆													◆
Amantadine ER Agents			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Androgenic Agents		◆	◆	◆								◆		◆	◆		◆
Antiemetics	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Antifungal Agents			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Antimigraine Agents, Triptans			◆												◆		
Antipsychotics	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	
Antiseizure Agents		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Anxiolytics and Sedatives/Hypnotics	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Arikayce			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Binge Eating Disorder Agents		◆	◆	◆								◆			◆		
Buprenorphine Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Carisoprodol Containing Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	
Carisoprodol Overuse	◆		◆															
CGRP Antagonists, Acute		◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	
CGRP Antagonists, Prophylaxis		◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆	◆	◆	◆	◆	
Cholestatic Pruritis Agents			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		
CNS Stimulants (Provigil/Nuvigil/Sunosi)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Colcrys			◆	◆								◆			◆			
Cough/Cold Medications	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
COX-2 Inhibitors (Celebrex)	◆	◆	◆									◆						
Cyclobenzaprine (Flexeril/Amrix)	◆	◆	◆	◆								◆			◇			
Cymbalta			◆									◆			◆			
Cystic Fibrosis (incl. Orkambi*)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Cytokine and CAM Antagonists	◆	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	
Desmopressin	◆	◆	◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇		
Dextromethorphan Overutilization	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		
Diabetic Test Strips		◆		◆								◆						
Diacomit		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC
Diclofenac Gel & Topical Solution		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dipeptidyl Peptidase-4 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Dopamine Agonists			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Doxylamine/Pyridoxine			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Duplicate Therapy	◆																
Emflaza	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enzymes	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Erythropoiesis-Stimulating Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Evryssi			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fentanyl Agents	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Forteo (Teriparatide)		◆	◆									◆			◆		
Gabapentin Agents (Neurontin)	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◇
Gaucher's Disease Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
GI Motility Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Glatiramer (Copaxone)		◆	◆									◆			◆		◆
Glucagon-like Peptide-1 (GLP-1) Receptor Agonists	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Growth Hormones	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC
H.P. Acthar	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hemady			◆									◆			◆		◆
Hepatitis C Virus*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hereditary Angioedema Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hyperlipidemia Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Imiquimod (Aldara/Zyclara)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Immunomodulator Agents for Dry Eye		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Increlex (Mecasermin)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Inhaled Antibiotics			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ketorolac (Toradol)	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Keveyis (dichlorphenamide)			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Leukotriene Modifiers	◆		◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	
Lidocaine Patches		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Lovaza Capsules	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Lupus Agents			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Lyrica		◆	◆									◆			◆		◆
Makena	◆	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	◆
Monoclonal Antibody Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC
Multiple Sclerosis Agents			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nitazoxanide (Alinia)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nuedexta	◆	◆	◆	◆								◆			◆		◆
Nuplazid		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Opiate Overutilization	◆	◆	◆														
Opiate/Benzo/Muscle Relaxant Combinations	◆	◆	◆									◆					
Oriahnn			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Orilissa			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Oxervate		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Oxycodone Extended-Release Products	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Palforzia		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
PDE5 Inhibitors (sildenafil/tadalafil)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phosphate Binders	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Plavix		◆	◆														
Promethazine/Promethazine Containing Products*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Propylthiouracil	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	
Proton Pump Inhibitors		◆	◆									◇			◆			
Pulmonary Hypertension Agents		◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	
Pulmozyme			◆		◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆		
Ranexa	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Recorlev			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		
Savella		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
SGLT2 Inhibitors		◆	◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	
Sickle Cell Agents (Oxbryta)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Symlin (Pramlintide Acetate)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Synagis* (Palivizumab)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Thiazolidinediones	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Topical Acne Agents (Non-retinoid)		◆	◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇		
Topical Immunomodulators	◆	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	
Topical Retinoids		◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇		

Prior Authorization	VDP	AET	AGP	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	
Transthyretin Agents		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Urea Cycle Disorder Agents			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
VMAT2 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Voxzogo			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		
Wakix		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Xenical (Orlistat)	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆		◆	◆		◆	◆	
Xifaxan (Rifaximin)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Xyrem/Xywav	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Zelboraf		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Diabetic Test Strips

Some MCOs have a preferred brand of glucose monitoring test strips. If no brand is listed, the prescriber may choose any brand on the [Medicaid Formulary](#).

- **Aetna:** OneTouch
- **Amerigroup:** Truetest and True Metrix Test Strips
- Nipro
- **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