



Clinical Prior Authorization Assistance Chart

February 2022

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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.

- 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 person'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.

February Revisions

- New clinical prior authorization approved for:
 - ▶ Lupus Agents
 - ▶ Antifungal Agents for Onychomycosis
- Clinical prior authorization revisions approved for:
 - ▶ Antipsychotic Agents. New criteria for Lybalvi added.
 - ▶ Cytokine and cell-adhesion molecule (CAM) Antagonists. New criteria for Enspryng added.

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), Chronic	Aimovig, Ajovy, Emgality
Calcitonin Gene-Related Peptide Receptor Antagonists (CGRP), Acute	Nurtec ODT, Ubrelvy
Cystic Fibrosis	Kalydeco, Orkambi*, Symdeko, Trikafta
Cytokine and CAM Antagonists	Actemra, Arcalyst, Cimzia, Cosentyx, Enbrel, Enspryng, Humira, Ilaris, Ilumya, Kevzara, Kineret, Olumiant, Orencia, 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, Lumizyme, Naglazyme, Nityr/Orfadin, Revcovi, Vimizim
Fentanyl Agents	Abstral, Actiq, Duragesic, Fentora, Lazanda, Subsys
Gastrointestinal (GI) Motility	Amitiza, Linzess, Lotronex, Motegrity, Movantik, Relistor, Symproic, Trulance, Viberzi
Gaucher's Disease	Cerdelga, Cerezyme, Elelyso, Vpriv, Zavesca

Prior Authorization	Drugs
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	Adlyxin, Bydureon, Byetta, 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, 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, Segluromet, Synjardy, Xigduo
Topical Immunomodulators	Elidel, Eucrisa, 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 | • CHC = Community Health Choice | • MHT = Molina Healthcare of Texas |
| • AET = Aetna | • CKC = Cook Children's | • PRK = Parkland |
| • AGP = Amerigroup | • DEL = Dell Children's Health Plan | • SCW = Scott & White |
| • BCS = Blue Cross Blue Shield | • DRC = Driscoll Children's | • SUP = Superior HealthPlan |
| • HLT= Cigna HealthSpring | • EPH = El Paso Health | • TXC = Texas Children's |
| • CFT = Community First | • FCR = FirstCare | • UHC = United Healthcare |

Clinical Prior Authorizations

Prior Authorization	VDP	AET	AGP	BCS	HLT	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			◆													◆		
Antipsychotics	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	
Anxiolytics and Sedatives/Hypnotics	◆	◆	◆		◇	◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Arikayce			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Binge Eating Disorder Agents		◆	◆	◆									◆			◆		
Buprenorphine Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Carisoprodol Containing Agents		◆	◆	◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Carisoprodol Overuse	◆		◆															
CGRP Antagonists, Acute		◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Prior Authorization	VDP	AET	AGP	BCS	HLT	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	
CGRP Antagonists, Chronic		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
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		◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Diclofenac Gel & Topical Solution		◆	◆		◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Dipeptidyl Peptidase-4 Inhibitors	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		
Dopamine Agonists			◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

Prior Authorization	VDP	AET	AGP	BCS	HLT	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC
Doxylamine/Pyridoxine			◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Drug Regimen Optimization	◆	◆	◆			◆	◆	◆	◆	◆	◆	◆		◆	◆		◆	
Dupixent	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Duplicate Therapy	◆				◇													
Emflaza	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enzymes	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Epidiolex		◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Erythropoiesis-Stimulating Agents	◆	◆	◆	◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Evrysdi			◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
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	HLT	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)	◆	◆	◆	◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Increlex (Mecasermin)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Inhaled Antibiotics			◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ketorolac (Toradol)	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Keveyis (dichlorphenamide)			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Leukotriene Modifiers	◆		◆		◇	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	
Lidocaine Patches		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Lovaza Capsules	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Lupus Agents			◆													◆		
Lyrica		◆	◆										◆			◆		◆
Makena	◆	◆	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	◆
Monoclonal Antibody Agents for Asthma	◆	◆	◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Multiple Sclerosis Agents			◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

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

Prior Authorization	VDP	AET	AGP	BCS	HLT	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC
VMAT2 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
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
- **Cigna HealthSpring:** NA
- **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