

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



## About Pharmacy Clinical Prior Authorizations

Clinical prior authorizations are based 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 by managed care health plans. There are certain clinical prior authorizations that all health plans are required to perform. Usage of all other clinical prior authorization will vary between health plans at the discretion of each health plan.

- **Traditional Medicaid**
  - [txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa](http://txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa)
- **Medicaid managed care**
  - [txvendordrug.com/formulary/prior-authorization/mco-clinical-pa](http://txvendordrug.com/formulary/prior-authorization/mco-clinical-pa)

## Obtaining Prior Authorization for Medicaid Managed Care

Prescribing providers or their representatives must contact the health plan. Call center phone numbers vary by plan, and the **Prescriber MCO Assistance Chart** identifies prior authorization and member call center phone numbers for each plan.

- [txvendordrug.com/sites/txvendordrug/files/docs/managed-care/prescriber-assistance-chart.pdf](http://txvendordrug.com/sites/txvendordrug/files/docs/managed-care/prescriber-assistance-chart.pdf)

## About the Assistance Chart

Each prior authorization guide includes a description of how the prior authorization requests are evaluated. All these steps apply to traditional Medicaid claims processed by VDP. This assistance chart identifies which prior authorizations are utilized by each health plan and how those prior authorizations relate to those used by VDP.

Abbreviations	
<b>VDP</b>	Vendor Drug Program
<b>AET</b>	Aetna
<b>AGP</b>	Amerigroup
<b>BCS</b>	Blue Cross Blue Shield
<b>CMC</b>	Children's Medical Center
<b>HLT</b>	Cigna HealthSpring
<b>CFT</b>	Community First
<b>CHC</b>	Community Health Choice
<b>CKC</b>	Cook Children's
<b>DEL</b>	Dell Children's Health Plan
<b>DRC</b>	Driscoll Children's
<b>EPF</b>	El Paso First Premier
<b>FCR</b>	FirstCare
<b>MHT</b>	Molina Healthcare of Texas
<b>PRK</b>	Parkland
<b>SCW</b>	Scott & White
<b>SUP</b>	Superior HealthPlan
<b>TXC</b>	Texas Children's
<b>UHC</b>	United Healthcare

Symbol	Definition
◆	Follows all steps of the prior authorization
◇	Does not follow all steps of the prior authorization
	Prior authorization does not apply

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



## August 2018 Revisions

- Added Symdeko to Cystic Fibrosis drugs

## Drugs Included Within Categories

Prior Authorization	Drugs
Aliskiren Agents	Tekamlo, Tekturna, Tekturna HCT
Cystic Fibrosis	Kalydeco, Orkambi*, Symdeko
Cytokine and CAM Agonists	Actemra, Cimzia, Ilaris, Kineret, Orencia, Simponi, Stelara, Xeljanz
Gaucher's Disease	Cerezyme, Elelyso, Vpriv, Zavesca
Gastrointestinal (GI) Motility	Amitiza, Linzess, Lotronex, Movantik, Relistor
Fentanyl Agents	Abstral, Lazanda, Subsys, Actiq, Duragesic, Fentora
Hereditary Angioedema	Cinryze, Firazyr
Injectable Pulmonary Hypertension Agents	Flolan, Remodulin, Veletri
Leukotriene Modifiers	Singulair (montelukast), Accolate (zafirlukast), Zflo (zileuton)
Proton Pump Inhibitors	Aciphex, Dexilant, esomeprazole, lansoprazole, Nexium, omeprazole, pantoprazole, Prevacid, Protonix, rabeprazole, Zegerid
Topical Immunomodulators	Elidel, Protopic, Eucrisa

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



## Prior Authorization Information

Prior Authorization	VDP	AET	AGP	BCS	CMC	HLT	CFT	CHC	CKC	DEL	DRC	EPF	FCR	MHT	PRK	SCW	SUP	TXC	UHC
ADDADHD Medications	◆	◆	◆	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆
Alinia (Nitazoxanide)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Aliskiren-Containing Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Allergen Extracts - Grastek/Oralair/Ragwitek	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Altabax (Retapamulin)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆
Androgenic agents		◆	◆	◆										◆					
Antiemetics	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	
Antipsychotics	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Anxiolytics and Sedatives/Hypnotics	◆	◆	◇		◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◇
Byetta (Exenatide Injection)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Carisoprodol	◆	◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Colcrys			◆											◆					
Contraceptives for CHIP clients							◆	◆	◆	◆	◆	◆	◆		◆			◆	
Copaxone (Glatiramer)		◆	◆			◆								◆			◆		◆
Cough/Cold Medications	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
COX-2 Inhibitors	◆	◆	◆		◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇	◇
Cymbalta		◆	◆											◆			◆		
Cystic Fibrosis (incl. Orkambi*)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cytokine and CAM Antagonists		◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Desmopressin	◆	◆	◆		◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	
Dextromethorphan Overutilization	◆				◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



**TEXAS**  
Health and Human  
Services

Prior Authorization	VDP	AET	AGP	BCS	CMC	HLT	CFT	CHC	CKC	DEL	DRC	EPF	FCR	MHT	PRK	SCW	SUP	TXC	UHC
Diabetic Test Strips				◆										◆					
Diclofenac Gel & Topical Solution			◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Drug Regimen Optimization	◆	◆			◆	◇	◆	◆	◆	◆	◆	◆	◆		◆	◆		◆	
Dupixent	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆
Duplicate Therapy	◆													◆					
Emflaza	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enzymes	◆		◇		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Erythropoiesis-Stimulating Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Flexeril/Amrix (Cyclobenzaprine)	◆	◆	◇	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	
Fentanyl Agents	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Forteo (Teriparatide)		◆	◆			◆								◆			◆		
Fosrenol (Lanthanum)	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Gaucher's Disease Agents		◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
GI Motility Agents	◆	◆	◆	◆	◆	◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Growth Hormones	◆	◆	◇	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆
H.P. Acthar	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hepatitis C Virus (Initial)*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hepatitis C Virus (Refill)*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hereditary Angioedema Agents		◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Imiquimod (Aldara/Zyclara)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Ingrezza (valbenazine)			◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◇
Increlex (Mecasermin)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Inj. Pulmonary Hypertension Agents		◆	◆	◆		◆								◆			◆		
Ketorolac (Toradol)	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Keveysis (dichlorphenamide)			◆		◆		◆	◆	◆	◆	◆	◆	◆		◆	◆		◆	

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



Prior Authorization	VDP	AET	AGP	BCS	CMC	HLT	CFT	CHC	CKC	DEL	DRC	EPF	FCR	MHT	PRK	SCW	SUP	TXC	UHC
Leukotriene Modifiers	◆				◇	◇	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	
Lidocaine Patches		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Lovaza Capsules	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆
Lyrica			◆											◆					
Makena	◆	◆	◆	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆
Nuedexta	◆	◆	◆	◆		◆								◆			◆		◆
Neurontin (Gabapentin)	◆	◆	◆		◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇	
Nuplazid		◆	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Opiate Overutilization	◆	◆	◆		◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	
Opiate/Benzo/Muscle Relaxant Combinations	◆	◆	◇			◆								◆					
OxyContin (Oxycodone)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
PCSK9 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phenergan/Phenergan Containing Products*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Plavix		◆	◇																
Propylthiouracil	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Proton Pump Inhibitors		◆												◆					
Provigil/Nuvigil (Modafinil)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Ranexa	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Revatio (Sildenafil)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇
Savella		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◇
Sitagliptin (Januvia)	◆	◆	◆	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◇
Suboxone/Subutex	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◇
Symlin (Pramlintide Acetate)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



Prior Authorization	VDP	AET	AGP	BCS	CMC	HLT	CFT	CHC	CKC	DEL	DRC	EPF	FCR	MHT	PRK	SCW	SUP	TXC	UHC
Synagis* (Palivizumab)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Thiazolidinediones	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Topical Acne Agents (Non Retinoid)			◆		◇		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇	◆
Topical Immunomodulators	◆	◆	◆	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◇
Topical Retinoids		◆	◆		◇		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇	
Tyvaso Starter Kit (CHIP)							◇	◇	◇	◇	◇	◇	◇		◇			◇	
Victoza (Liraglutide) Solution for Injection	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Xenical (Orlistat)	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆
Xenazine		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Xifaxan (Rifaximin)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Xyrem	◆	◆	◆	◆	◇	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆
Zelboraf		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

# Pharmacy Clinical Prior Authorization Assistance Chart

Effective August 2018



## Diabetic Test Strips

Some health plans have a preferred brand of glucose monitoring test strips as shown below. If no brand is listed, the prescriber may choose any brand on VDP formulary.

MCO	Preferred Product Name
AET	OneTouch
AGP	Truetest and True Metrix™ Test Strips - Nipro
BCS	
CMC	Nipro TrueMetrix and Abbott products Freestyle and Precision
HLT	
CFT	Freestyle, Truetest, Precision Xtra, Truetrack
CHC	
CKC	Nipro TrueMetrix and Abbott products Freestyle and Precision
DEL	Nipro TrueMetrix and Abbott products Freestyle and Precision
DRC	
EPF	Nipro and Abbott (Freestyle and Precision).
FCR	
MHT	True Metrix - Nipro
PRK	
SCW	
SUP	True Metrix
TXC	Nipro TrueMetrix and Abbott products Freestyle and Precision
UHC	OneTouch