Pharmacy Clinical Prior Authorization Assistance Chart

Effective Date 09/01/2016

About Pharmacy Clinical Prior Authorizations

The Texas Drug Utilization Review (DUR) Board meets quarterly in Austin to suggest clinical prior authorization criteria for outpatient prescription drugs. Approved criteria are then available for use by the Vendor Drug Program (VDP) for fee-for-service (FFS) Medicaid and by managed care organizations (MCOs). The list of all board-approved criteria is available online at TxVendorDrug.com.

Obtaining Prior Authorization For Medicaid Managed Care

Prescribing providers or their representatives must contact the managed care plan. Prior Authorization call center phone numbers vary by health plan. The Prescriber Assistance Chart identifies prior authorization and member call center phone numbers for each plan. Each health plan must notify the prescribing provider's office of authorization approval/denial within 24 hours of the time of the request.

About the Assistance Chart

Each criteria document available online includes a description of how the prior authorization requests are evaluated against the steps of that criteria. All these steps apply to FFS Medicaid claims processed by the VDP. Each MCO has the option to develop their own clinical algorithms as long as it is no more stringent than the board-approved criteria. This assistance chart identifies which criteria are utilized by each MCO and how those criteria relate to those used by VDP.

◆	Follows all steps of the criteria
◇	Does not follows all steps of the criteria

Links

- **Clinical Prior Authorization Criteria**
  - TxVendorDrug.com/dur/clinical-edit-criteria.shtml
- **MCO Prescriber Assistance Chart**
  - TxVendorDrug.com/managed-care/downloads/prescriber-assistance-chart.pdf
- **Drug Utilization Review Board**
  - TxVendorDrug.com/advisory/
- **Preferred Drug List**
  - TxVendorDrug.com/formulary/preferred-drugs.shtml

Abbreviations

AET	Aetna
AGP	Amerigroup
BCS	Blue Cross Blue Shield
CHR	Christus
CMC	Children's Medical Center *
HLT	Cigna HealthSpring
CFT	Community First
CHC	Community Health Choice
CKC	Cook Children's
DRC	Driscoll Children's
EPF	El Paso First Premier
FCR	FirstCare
MHT	Molina Healthcare of Texas
PRK	Parkland
SCW	Scott & White
SND	Sendero
SET	Seton
SUP	Superior HealthPlan
TXC	Texas Children's
UHC	United Healthcare
VDP	Vendor Drug Program / FFS

** Begins November 2016*

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CRITERIA	VDP	AET	AGP	BCS	CHR	CMC	HLT	CFT	CHC	CKC	DRC	EPF	FCR	MHT	PRK	SCW	SND	SET	SUP	TXC	UHC
Actemra																					
Actiq (Oral Transmucosal Fentanyl)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
ADDADHD Medications	◆	◆	◆	◆	◆		◆							◆					◆		
Agents for Cystic Fibrosis	◆	◆	◆	◆	◆		◇	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Agents for Gaucher's Disease																					
Agents for GI Motility (other than Amitiza)																					
Agents for Hereditary Angioedema																					
Alinia (Nitazoxanide)	◆	◆		◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Aliskiren-Containing Agents (ex. Valturna)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Allergen Ext. - Grastek/Oralair/Ragwitek	◆	◆			◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Alprazolam/Carisoprodol/Hydrocodone	◆	◇		◆	◆		◆							◆							
Altabax (Retapamulin)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Amitiza (Lubiprostone)	◆	◆	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	

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CRITERIA	VDP	AET	AGP	BCS	CHR	CMC	HLT	CFT	CHC	CKC	DRC	EPF	FCR	MHT	PRK	SCW	SND	SET	SUP	TXC	UHC
Androgenic agents																					
Antiemetics	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Antipsychotics	◆	◆	◆	◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Anxiolytics and Sedatives/Hypnotics	◆	◆						◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Byetta (Exenatide Injection)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Carisoprodol	◆	◆	◆				◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	
Copaxone (Glatiramer)																					
Cough/Cold Medications	◆		◆					◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
COX-2 Inhibitors	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Cymbalta																					
Cytokine and CAM Antagonists																					
Desmopressin	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Dextromethorphan Overutilization	◆						◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Drug Regimen Optimization	◆						◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	

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Duplicate Therapy							◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	
Duragesic (Fentanyl Transdermal)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enzymes																					
Erythropoiesis-Stimulating Agents	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Flexeril/Amrix (Cyclobenzaprine)	◆	◆	◇	◆	◆		◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	
Forteo (Teriparatide)																					
Fosrenol (Lanthanum)	◆		◆	◆	◇		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Growth Hormones	◆	◆	◆	◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
H.P. Acthar	◆	◆	◆		◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Hepatitis C Virus (Initial)	◆	◆	◇	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆
Hepatitis C Virus (Refill)	◆	◆	◇	◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	
Imiquimod (Aldara/Zyclara)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Increlex (Mecasermin)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Inj. Pulmonary Hypertension Agents																					

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Ketorolac (Toradol)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Leukotriene Modifiers	◆							◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇	◆	◇	
Lidocaine Patches																					
Lovaza Capsules	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Makena	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Methylnaltrexone Bromide (Relistor)	◆	◆	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Neurontin (Gabapentin)	◆	◆		◆	◆		◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆		◆	◆
Opiate Overutilization	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
OxyContin (Oxycodone)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆
PCSK9 Inhibitors																					
Phenergan/Phenergan Containing Products	◆		◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Plavix																					
Propylthiouracil	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Provigil (Modafinil)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	

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Ranexa	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	
Revatio (Sildenafil)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Savella																					
Sitaglipt (Januvia)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Suboxone/Subutex	◆	◆	◆	◆			◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Symlin (Pramlintide Acetate)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Synagis (Palivizumab)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Thiazolidinediones	◆		◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆
Topical Acne Agents			◇					◇						◆							
Topical Immunomodulators	◆	◆	◇		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Valturna Agents	◆		◆	◆			◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆		◆	
Victoza (Liraglutide) Solution for Injection	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	
Xenical	◆	◆	◆		◆									◆							◆
Xenazine																					

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Xifaxan (Rifaximin)	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Xyrem	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Zelboraf																					