

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Drug Class/PA Criteria Name	Effective Date	Documentation Requirement	Clinical Criteria Utilized	Link to Criteria Logic
ADD/ADHD Agents	11/4/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Clonidine ER</li> <li>• ER Formulations</li> <li>• IR Formulations</li> <li>• Guanfacine ER</li> <li>• Atomoxetine</li> <li>• Qelbree</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/add_adhd_agents_pending.pdf">https://paxpress-tpxa.acentra.com/add_adhd_agents_pending.pdf</a>
Aliskiren-Containing Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• 150mg Aliskiren-Containing Agents</li> <li>• 300mg Aliskiren-Containing Agents</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/aliskiren_pending.pdf">https://paxpress-tpxa.acentra.com/aliskiren_pending.pdf</a>
Allergen Extracts	7/31/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Grastek (Timothy Grass Pollen Allergen Extract)</li> <li>• Oralair (Mixed Grass Pollens Allergen Extract)</li> <li>• Palforzia (Peanut Allergen Powder)</li> <li>• Ragwitek (Short Ragweed Pollen Allergen Extract)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/allergen_extractpdg.pdf">https://paxpress-tpxa.acentra.com/allergen_extractpdg.pdf</a>
ALS Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Relyrio (Sodium phenylbutyrate/Taurusodiol)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/als.pdf">https://paxpress-tpxa.acentra.com/als.pdf</a>
Amantadine ER	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Amantadine Extended-Release Agents</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Amantadine_ER_Clin_Edit_Criteria.pdf">https://paxpress-tpxa.acentra.com/Amantadine_ER_Clin_Edit_Criteria.pdf</a>
Androgenic Agents	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Androgenic Agents</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/androgenic_agents.pdf">https://paxpress-tpxa.acentra.com/androgenic_agents.pdf</a>
Antiemetic Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antiemetics</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/antiemetics.pdf">https://paxpress-tpxa.acentra.com/antiemetics.pdf</a>
Antifungal Agents, Topical	1/16/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Topical Antifungals for Onychomycosis</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/anf.pdf">https://paxpress-tpxa.acentra.com/anf.pdf</a>
Antipsychotic Agents	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antipsychotics</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/antipsychotics.pdf">https://paxpress-tpxa.acentra.com/antipsychotics.pdf</a>
Antiseizure Agents	10/1/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Diacomit (Stiripentol)</li> <li>• Epidiolex (Cannabidiol)</li> <li>• Fintepla (Fenfluramine)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/antiseizurepdg.pdf">https://paxpress-tpxa.acentra.com/antiseizurepdg.pdf</a>
Anxiolytics and Sedative-Hypnotics	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	<p><b>Anxiolytics:</b></p> <ul style="list-style-type: none"> <li>• Alprazolam</li> <li>• Chlordiazepoxide, Meprobamate &amp; Oxazepam</li> <li>• Clonazepam &amp; Diazepam</li> <li>• Clorazepate</li> <li>• Lorazepam</li> </ul> <p><b>Sedatives/Hypnotics:</b></p> <ul style="list-style-type: none"> <li>• Adults</li> <li>• Chloral Hydrate &amp; Butabarbital</li> <li>• Flurazepam</li> <li>• Ramelteon</li> <li>• Tasimelteon</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/ashpdg.pdf">https://paxpress-tpxa.acentra.com/ashpdg.pdf</a>
Appetite Suppressant Agents	4/8/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Adipex-P</li> <li>• Lomaira</li> <li>• Phendimetrazine</li> <li>• Phentermine</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/appetite.pdf">https://paxpress-tpxa.acentra.com/appetite.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Arikayce	5/21/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	<ul style="list-style-type: none"> <li>• Arikayce (Amikacin liposome inhalation suspension) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a></li> </ul>	<a href="https://paxpress-tpxa.acentra.com/arikayce.pdf">https://paxpress-tpxa.acentra.com/arikayce.pdf</a>
Biliary Cholangitis Agents	3/20/2022	Information generally required to support authorization decision making includes, but not limited to: Clinical notes Lab work Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Bylvyay (Odevixibat)</li> <li>• Livmarli (Maralixibat)</li> <li>• Iqirvo (Elafibranor)/Livdelzi (Seladelpar)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/biliarycho.pdf">https://paxpress-tpxa.acentra.com/biliarycho.pdf</a>
Binge Eating Disorder (BED) Agents	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	<ul style="list-style-type: none"> <li>• Vyvanse (lisdexamfetamine) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a></li> </ul>	<a href="https://paxpress-tpxa.acentra.com/bed.pdf">https://paxpress-tpxa.acentra.com/bed.pdf</a>
Buprenorphine Agents	1/15/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	<ul style="list-style-type: none"> <li>• Buprenorphine/Naloxone</li> <li>• Buprenorphine Oral/Sublingual</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/buprenorphine_agents.pdf">https://paxpress-tpxa.acentra.com/buprenorphine_agents.pdf</a>
Carisoprodol-Containing Agents	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: Clinical notes Lab work Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Carisoprodol-Containing Agents</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Carisoprodol-Containing_Agents.pdf">https://paxpress-tpxa.acentra.com/Carisoprodol-Containing_Agents.pdf</a>
CGRP Antagonist, <b>Acute</b>	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	<ul style="list-style-type: none"> <li>• Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists (Acute Treatment)</li> <li>• Nurtec ODT (Rimegepant)</li> <li>• Ubrovelvy (Ubrogepant)</li> <li>• Zavzpret (Zavegepant)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/cgrpacutepdf.pdf">https://paxpress-tpxa.acentra.com/cgrpacutepdf.pdf</a>
CGRP Antagonist, <b>Prophylaxis</b>	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/cgrpchronic.pdf">https://paxpress-tpxa.acentra.com/cgrpchronic.pdf</a>
CNS Stimulants	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Provigil (Modafinil)</li> <li>• Nuvigil (Armodafinil)</li> <li>• Sunosi (Solriamfetol)</li> <li>• Wakix (Pitolisant)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/cnsstimpdg.pdf">https://paxpress-tpxa.acentra.com/cnsstimpdg.pdf</a>
Colchicine	1/4/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Colchicine Agents</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Colcrvs.pdf">https://paxpress-tpxa.acentra.com/Colcrvs.pdf</a>
Cortisol Receptor Antagonists	5/13/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Korlym (Mifepristone)</li> <li>• Recorlev (Levoketoconazole)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/recorlev.pdf">https://paxpress-tpxa.acentra.com/recorlev.pdf</a>
Compounded Medications	3/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Compounded Medications</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providing_Medications-Medicaid-and-CHIP-Prior-Authorization-Form-Addendum_R.ashx">https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providing_Medications-Medicaid-and-CHIP-Prior-Authorization-Form-Addendum_R.ashx</a>
Contraceptives (CHIP)	2/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Contraceptives (CHIP)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-9-formulary-coverage/family-planning-products">https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/p-9-formulary-coverage/family-planning-products</a>
Cough/Cold Medications	7/7/2017	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Ages 2-4</li> <li>• Ages 2-6</li> <li>• Ages 2-10</li> <li>• Ages 2-12</li> <li>• Products Containing Opioids</li> <li>• Products Containing Acetaminophen or Ibuprofen</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Cough%20&amp;%20Cold.pdf">https://paxpress-tpxa.acentra.com/Cough%20&amp;%20Cold.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

COX-2 Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Celebrex • Meloxicam  <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/cox2.pdf">https://paxpress-tpa.acentra.com/cox2.pdf</a>
Cyclobenzaprine	4/17/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cyclobenzaprine <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/cyclobenzaprine.pdf">https://paxpress-tpa.acentra.com/cyclobenzaprine.pdf</a>
Cymbalta	10/13/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cymbalta (Duloxetine) <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/cymbalta.pdf">https://paxpress-tpa.acentra.com/cymbalta.pdf</a>
Cystic Fibrosis Agents	7/18/2013	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Kalydeco (Ivacaftor) • Orkambi (Lumacaftor/Ivacaftor) • Symdeko (Tezacaftor/Ivacaftor/Ivacaftor) • Trikafta (Elexacaftor/Tezacaftor/Ivacaftor)  <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/cystic_fibrosis_agents.pdf">https://paxpress-tpa.acentra.com/cystic_fibrosis_agents.pdf</a>
Cytokine and CAM Antagonists	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Actemra • Arcalyst • Bimzelx • Cibinqo • Cimzia • Cosentyx • Enbrel • Enspryng • Entyvio SC • Humira • Ilaris • Ilumya • Kevzara • Kineret • Litfulo • Olumiant • Omvoh • Orenzia • Otezla • Rinvoq • Siliq • Simponi • Skyrizi • Sotyktu • Spevigo • Stelara • Taltz • Tremfya • Tyenne • Xeljanz  <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/cytokinepend.pdf">https://paxpress-tpa.acentra.com/cytokinepend.pdf</a>
Daybue	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Daybue (Trofinetide) <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/daybue.pdf">https://paxpress-tpa.acentra.com/daybue.pdf</a>
Desmopressin	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Desmopressin - Oral • Desmopressin - Injectable <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/desmopressinpdg.pdf">https://paxpress-tpa.acentra.com/desmopressinpdg.pdf</a>
Dextromethorphan Overutilization	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Dextromethorphan Overutilization <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/dextro.pdf">https://paxpress-tpa.acentra.com/dextro.pdf</a>
Diabetic Supplies (Medicaid and CHIP)	6/23/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diabetic Supplies (Medicaid and CHIP) <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/~media/Molina/PublicWebsite/PDF/providers/tx/medicaid/drug/Diabetic%20Supplies%20Medicaid%20and%20CHIP%20Prior%20Authorization%20Form%20Addendum.pdf">https://www.molinahealthcare.com/providers/tx/medicaid/drug/~media/Molina/PublicWebsite/PDF/providers/tx/medicaid/drug/Diabetic%20Supplies%20Medicaid%20and%20CHIP%20Prior%20Authorization%20Form%20Addendum.pdf</a>
Diabetic Test Strips	2/2/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diabetic Test Strips and Meters <a href="https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medications/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/Diabetic_Test_Strip_Clinical%20Edit_Criteria.pdf">https://paxpress-tpa.acentra.com/Diabetic_Test_Strip_Clinical%20Edit_Criteria.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Diclofenac Gel and Topical Solution	6/27/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diclofenac 3% Topical Gel • Diclofenac 1.5% • Diclofenac 2% Topical Solution  <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/diclofenac.pdf">https://paxpress-tpxa.acentra.com/diclofenac.pdf</a>
Dopamine Agonists	7/1/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Dopamine Agonists <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/DA_Clin_Edit_Criteria.pdf">https://paxpress-tpxa.acentra.com/DA_Clin_Edit_Criteria.pdf</a>
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• DPP-4 Inhibitors <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/dpp4_inhibitor.pdf">https://paxpress-tpxa.acentra.com/dpp4_inhibitor.pdf</a>
Doxylamine/Pyridoxine	2/12/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Doxylamine / Pyridoxine <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/doxylaminepyridoxine.pdf">https://paxpress-tpxa.acentra.com/doxylaminepyridoxine.pdf</a>
Emflaza	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Emflaza (deflazacort) <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/emflaza.pdf">https://paxpress-tpxa.acentra.com/emflaza.pdf</a>
Enzymes	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aldurazyme • Ceprotin • Elaprase • Fabrazyme • Galafold • Naglazyme • Nityr / Orfadin • Revcovi • Strensiq • Vimizim  <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/enzymes_pending.pdf">https://paxpress-tpxa.acentra.com/enzymes_pending.pdf</a>
Eohilia	8/22/24	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Eohilia (Budesonide oral suspension) <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/eohiliapdg.pdf">https://paxpress-tpxa.acentra.com/eohiliapdg.pdf</a>
Erythropoiesis-Stimulating Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aranesp • Epogen • Procrit • Retacrit • Mircera • Reblozyl  <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/esapdg.pdf">https://paxpress-tpxa.acentra.com/esapdg.pdf</a>
Evrysdi	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Evrysdi (Risdiplam) <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Evrysdi_Clin_Edit_Criteria.pdf">https://paxpress-tpxa.acentra.com/Evrysdi_Clin_Edit_Criteria.pdf</a>
Fentanyl Agents	3/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Actiq • Transdermal Fentanyl • Fentora  <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/fentanyl.pdf">https://paxpress-tpxa.acentra.com/fentanyl.pdf</a>
Filspari	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Filspari (Sparsentan) <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/filspari.pdf">https://paxpress-tpxa.acentra.com/filspari.pdf</a>
FMT Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Vowst (Fecal microbiota spores, live-brpk) <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/fmt.pdf">https://paxpress-tpxa.acentra.com/fmt.pdf</a>
Forte	3/21/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Forte (Teriparatide) <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Forteo.pdf">https://paxpress-tpxa.acentra.com/Forteo.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Gabapentin Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•Gabapentin •Gralise •Horizant  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/neurontin.pdf">https://paxpress-txpa.acentra.com/neurontin.pdf</a>
Gattex	6/6/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Gattex (teduglutide) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/gattex.pdf">https://paxpress-txpa.acentra.com/gattex.pdf</a>
Gaucher's Disease Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Agents for Gaucher's Disease <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/gauchers.pdf">https://paxpress-txpa.acentra.com/gauchers.pdf</a>
GI Motility Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•Amitiza (Lubiprostone) •Ibsrela (Tenapanor) •Linzess (Linaclotide) •Lotronex (Alosetron) •Motegrity (Prucalopride) •Movantik (Naloxegol) / Symproic (Naldemedine) •Relistor (Methylnaltrexone) •Trulance (Plecanatide) •Viberzi (Eluxadoline)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/gimotilitypdg.pdf">https://paxpress-txpa.acentra.com/gimotilitypdg.pdf</a>
Glitramer Acetate Injection	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Glitramer <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/copaxone.pdf">https://paxpress-txpa.acentra.com/copaxone.pdf</a>
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• GLP-1 Receptor Agonists <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/glp_1_receptor_agonists.pdf">https://paxpress-txpa.acentra.com/glp_1_receptor_agonists.pdf</a>
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists	10/28/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Oriahnn • Myfembree  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/gnrh.pdf">https://paxpress-txpa.acentra.com/gnrh.pdf</a>
Growth Hormone Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Growth Hormone Agents (Genotropin, Humatrope, Ngenla, Norditropin, Nutropin, Omnitrope, Saizen, Skytrofa) • Serostim • Sogroya • Zorbtive  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/gbndg.pdf">https://paxpress-txpa.acentra.com/gbndg.pdf</a>
Hereditary Angioedema (HAE) Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Hereditary Angioedema (HAE) Agents <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/HAE.pdf">https://paxpress-txpa.acentra.com/HAE.pdf</a>
Hemady	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Hemady (dexamethasone) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/Hemady_Clin_Edit_Criteria.pdf">https://paxpress-txpa.acentra.com/Hemady_Clin_Edit_Criteria.pdf</a>
Hormonal Therapy	12/30/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Hormonal Therapy Agents <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/hormonaltherapyagents.pdf">https://paxpress-txpa.acentra.com/hormonaltherapyagents.pdf</a>
HP Acthar	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Acthar Gel <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/hp_actharpdg.pdf">https://paxpress-txpa.acentra.com/hp_actharpdg.pdf</a>
Hyperlipidemia Agents	12/15/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•Juxtapid (Lomitapide) • Praluent (Alirocumab) • Repatha (Evolocumab)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/hyperlipidemia.pdf">https://paxpress-txpa.acentra.com/hyperlipidemia.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Imcivree	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Imcivree (Setmelanotide)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/imcivree.pdf">https://paxpress-tpa.acentra.com/imcivree.pdf</a>
Imiquimod	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Imiquimod 5% Cream • Zyclara 3.75% Cream  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/imiquimodpdg.pdf">https://paxpress-tpa.acentra.com/imiquimodpdg.pdf</a>
Immunomodulator Agents for Dry Eye	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Immunomodulator Agents for Dry Eye <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/dryeye.pdf">https://paxpress-tpa.acentra.com/dryeye.pdf</a>
Increlex	4/18/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Increlex (Mecasermin) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/increlex.pdf">https://paxpress-tpa.acentra.com/increlex.pdf</a>
Inhaled Antibiotics	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Inhaled Antibiotics <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/inhaledantibiotics.pdf">https://paxpress-tpa.acentra.com/inhaledantibiotics.pdf</a>
Ketorolac	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ketorolac – Oral • Ketorolac – Injectable/Nasal <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/ketorolac.pdf">https://paxpress-tpa.acentra.com/ketorolac.pdf</a>
Kevevis	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Kevevis (Dichlorphenamide) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/kevevis.pdf">https://paxpress-tpa.acentra.com/kevevis.pdf</a>
Leukotriene Modifiers	7/31/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Montelukast • Zafirlukast • Zileuton  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/leukotriene.pdf">https://paxpress-tpa.acentra.com/leukotriene.pdf</a>
Lidocaine Patches	2/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lidocaine Patch <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/lidoderm.pdf">https://paxpress-tpa.acentra.com/lidoderm.pdf</a>
Lupus Agents	1/27/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Benlysta (belimumab) • Lupkynis (voclosporin)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/lupus.pdf">https://paxpress-tpa.acentra.com/lupus.pdf</a>
Lyrica	6/16/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lyrica (Pregabalin) • Lyrica CR (Pregabalin ER)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/lyrica.pdf">https://paxpress-tpa.acentra.com/lyrica.pdf</a>
Monoclonal Antibody Agents for Asthma	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Adbry (Tralokinumab-ldrm) • Dupixent (Dupilumab) • Fasenra (Benralizumab) • Nucala (Mepolizumab) • Tezspire (Tezepelumab-ekko) • Xolair (Omalizumab)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/monoclonalabpdg.pdf">https://paxpress-tpa.acentra.com/monoclonalabpdg.pdf</a>
Multiple Sclerosis	11/11/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ampyra (Dalfampridine) • Aubagio (Teriflunomide) • Mavenclad (Cladribine) • Mayzent (Siponimod) • Ponvory (Ponesimod) • Tascenso ODT (Fingolimod) • Zeposia (Ozanimod) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/ms.pdf">https://paxpress-tpa.acentra.com/ms.pdf</a>
Nitazoxanide	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history	• Nitazoxanide tablets  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/alinia.pdf">https://paxpress-tpa.acentra.com/alinia.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

		Any other applicable documentation		
Nuedexta	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Nuedexta (Dextromethorphan/Quinidine)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/Nuedexta_Clin_Edit_Criteria.pdf">https://paxpress-txpa.acentra.com/Nuedexta_Clin_Edit_Criteria.pdf</a>
Nuplazid	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Nuplazid (pimavanserin)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/nuplazid.pdf">https://paxpress-txpa.acentra.com/nuplazid.pdf</a>
Omega-3-Acid Fatty Acids	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Omega-3 Fatty Acids</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/lovaza.pdf">https://paxpress-txpa.acentra.com/lovaza.pdf</a>
Opiate/Benzodiazepine/Muscle Relaxant Combinations	2/22/2017	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Opiate/Benzodiazepine/Muscle Relaxant Combinations</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf">https://paxpress-txpa.acentra.com/TX%20PA_Opiate_Benzo_MRv2.pdf</a>
Opioid Policy	2/14/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Opioid Policy</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/opc.pdf">https://paxpress-txpa.acentra.com/opc.pdf</a>
Orilissa	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Orilissa (Etagolix)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/orilissa.pdf">https://paxpress-txpa.acentra.com/orilissa.pdf</a>
Oxybate Products	5/13/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Lumryz</li> <li>• Sodium Oxybate</li> <li>• Xyrem</li> <li>• Xywav</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/xyrempend.pdf">https://paxpress-txpa.acentra.com/xyrempend.pdf</a>
Oxervate	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Oxervate (cenegermin-bkbj)</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/oxervate.pdf">https://paxpress-txpa.acentra.com/oxervate.pdf</a>
Oxycodone Extended-Release Agents	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Oxycodone ER - Low Dose</li> <li>• Oxycodone ER - High Dose</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/oxycontin.pdf">https://paxpress-txpa.acentra.com/oxycontin.pdf</a>
PDE5-Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• PDE5-Inhibitors</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/revatio.pdf">https://paxpress-txpa.acentra.com/revatio.pdf</a>
PDL - 1 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antiparasitics, Topical</li> <li>• Epinephrine, Self-Injected</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - 3 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antimigraine Agents, Triptans</li> <li>• Antiemetic-Antivertigo Agents, Oral</li> <li>• Cough and Cold Non-Antitussive</li> <li>• Cough and Cold Narcotic Antitussive</li> <li>• Cough and Cold Non-Narcotic Antitussive</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - 5 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antibiotics, Vaginal</li> <li>• Cephalosporins and Related Antibiotics, Oral</li> <li>• Fluoroquinolones, Oral</li> <li>• Ophthalmics, Antibiotic Steroid Combinations</li> <li>• Ophthalmic and Otic Antibiotics</li> <li>• Ophthalmics, Anti-Inflammatories</li> <li>• Penicillins</li> <li>• Tetracyclines</li> </ul> <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

PDL - 6 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Analgesics, Narcotic – Long Acting • Analgesics, Narcotic – Short Acting  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - 7 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Anticoagulants • Antifungals, Topical • Otic Anti-Infectives/Anesthetics • Steroids, Topical  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - 10 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Antibiotics, GI (excluding Xifaxan 550mg) • Glucocorticoids, Oral • Neuropathic Pain • NSAIDS  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - 14 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Angiotensin Modulator Combinations • Antifungals, Oral • Antihypertensives, Sympatholytics • Antiparkinson's Agents • Beta Blockers • Calcium Channel Blockers (Oral) • COPD Agents • Hypoglycemics, Incretin Mimetics/Enhancers • Immune Globulins • Lincosamides/Oxazolidinones/Streptogramins • Sedatives and Hypnotics  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - 30 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Acne Agents, Oral • Acne Agents, Topical • Androgenic Agents, Topical • Antihistamines, First Generation • Antihistamines, Minimally Sedating • Antihyperuricemics • Antimigraine Agents, Other • Antivirals, Oral/Nasal • Antivirals, Topical • Anxiolytics • Bile Salts • Bladder Relaxant Preparations • Bone Resorption Suppression and Related Agents • BPH Agents • Bronchodilators, Beta Agonist • Colony Stimulating Factors • Cytokine and CAM Antagonists • Glucagon Agents • Glucocorticoids, Inhaled • Hypoglycemics, Insulin • Hypoglycemics, Meglitinides • Hypoglycemics, Metformin • Intranasal Rhinitis Agents • Iron, Oral • Lipotropics, Other • Ophthalmics, Allergic Conjunctivitis • Ophthalmics, Glaucoma Agents • Opiate Dependence • Pancreatic Enzymes • Pediatric Vitamin Preparations • Phosphate Binders • Platelet Aggregation Inhibitors • Potassium Binders • Progestins for Cachexia • Sickle Cell Anemia Treatments • Skeletal Muscle Relaxants • Stimulants and Related Agents • Thrombopoiesis Stimulating Proteins • Ulcerative Colitis Agents  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Alzheimer's Agents	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Alzheimer's Agents <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Angiotensin Modulators	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Angiotensin Modulators  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Antibiotics, Topical	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Antibiotics, Topicals  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Antidepressants, Other	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history	• PDL Antidepressants  <a href="https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/mexicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf">https://paxpress-tpxa.acentra.com/pdl_crit_guide.pdf</a>



## Texas Medicaid/CHIP Prior Authorization Criteria Information

		Any other applicable documentation		
PDL - Bronchodilators, Beta Agonist	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Bronchodilators, Beta Agonists <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL – H. Pylori Treatment	12/1/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•PDL H. Pylori Treatment <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL- Hepatitis C Agents	3/10/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•PDL Hepatitis C Agents <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Immunosuppressives, Oral	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Immunosuppressives, Oral <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Lipotropics, Statins	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Lipotropics, Statins <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL – Macrolides, Oral	9/17/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Macrolides, Oral <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Ophthalmics, Anti-Inflammatory /Immunomodulators	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Ophthalmics, Anti-Inflammatory / Immunomodulators <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Proton Pump Inhibitors	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• PDL Proton Pump Inhibitors <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Rosacea Agents	5/4/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•PDL Rosacea Agents <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
PDL - Smoking Cessation	5/4/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	•PDL Smoking Cessation <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf">https://paxpress-txpa.acentra.com/pdl_crit_guide.pdf</a>
Phosphate Binders	4/18/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Phosphate Binders <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/phosphate_binders.pdf">https://paxpress-txpa.acentra.com/phosphate_binders.pdf</a>
Promethazine/Promethazine Containing Products	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Promethazine Containing Products <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/phenergan.pdf">https://paxpress-txpa.acentra.com/phenergan.pdf</a>
Propylthiouracil	10/22/2013	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Propylthiouracil <a href="https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-txpa.acentra.com/ptu.pdf">https://paxpress-txpa.acentra.com/ptu.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Proton Pump Inhibitors	12/18/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Proton Pump Inhibitors <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/PPi.pdf">https://paxpress-tpxa.acentra.com/PPi.pdf</a>
Pulmozyme	4/19/23	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Pulmozyme (dornase alfa) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pulmozyme.pdf">https://paxpress-tpxa.acentra.com/pulmozyme.pdf</a>
Pulmonary Hypertension Agents	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Injectable Agents • Oral/Inhaled Agents  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/pah.pdf">https://paxpress-tpxa.acentra.com/pah.pdf</a>
Ranexa	6/1/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Ranexa / Ranexa ER  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/ranexa.pdf">https://paxpress-tpxa.acentra.com/ranexa.pdf</a>
Recurrent Vulvovaginal Candidiasis (RVVC) Agents	11/25/22	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Vivjoa <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/rvvc.pdf">https://paxpress-tpxa.acentra.com/rvvc.pdf</a>
Retinoids	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Topical Retinoids <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Retinoids.pdf">https://paxpress-tpxa.acentra.com/Retinoids.pdf</a>
Rezurock	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Rezurock (Belumosil) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/rezurock.pdf">https://paxpress-tpxa.acentra.com/rezurock.pdf</a>
Savella	1/22/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Savella (Milnacipran) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/Savella.pdf">https://paxpress-tpxa.acentra.com/Savella.pdf</a>
SGLT2 Inhibitors	10/3/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Single Entity Agents • Combination Agents <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/sgl2pdg.pdf">https://paxpress-tpxa.acentra.com/sgl2pdg.pdf</a>
Skyclarys	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Skyclarys (Omaveloxolone) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/skyclarys.pdf">https://paxpress-tpxa.acentra.com/skyclarys.pdf</a>
Sphingosine 1-phosphate (S1P) Receptor Modulators	6/5/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Velsipity (Etrasimod) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/s1p.pdf">https://paxpress-tpxa.acentra.com/s1p.pdf</a>
Symlin	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Symlin (Pramlintide) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/symlin.pdf">https://paxpress-tpxa.acentra.com/symlin.pdf</a>
Synagis	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Synagis (palivizumab) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/synagis.pdf">https://paxpress-tpxa.acentra.com/synagis.pdf</a>
Systemic Corticosteroids	12/6/24	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Emflaza/Agamree  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpxa.acentra.com/syscorti.pdf">https://paxpress-tpxa.acentra.com/syscorti.pdf</a>

## Texas Medicaid/CHIP Prior Authorization Criteria Information

Thiazolidinediones	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history • Any other applicable documentation	• Pioglitazone • Rosiglitazone  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/thiazolidinediones.pdf">https://paxpress-tpa.acentra.com/thiazolidinediones.pdf</a>
Topical Acne Agents	2/12/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Topical Acne Agents  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/Topical%20Acne%20Agents.pdf">https://paxpress-tpa.acentra.com/Topical%20Acne%20Agents.pdf</a>
Topical Immunomodulators	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Elidel • Protopic 0.03% • Protopic 0.1% • Eucrisa • Opzelura 1.5% cream <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/immunomodulatorspdg.pdf">https://paxpress-tpa.acentra.com/immunomodulatorspdg.pdf</a>
Transthyretin Agents	10/16/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Tegsedi • Vyndaqel / Vyndaqel <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/Transthyretin%20Agents.pdf">https://paxpress-tpa.acentra.com/Transthyretin%20Agents.pdf</a>
Urea Cycle Disorder Agents	5/3/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Urea Cycle Disorder Agents <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/UCD.pdf">https://paxpress-tpa.acentra.com/UCD.pdf</a>
Veozah	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Veozah (Fezolinetant) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/veozah.pdf">https://paxpress-tpa.acentra.com/veozah.pdf</a>
VMAT2 Inhibitors	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors • Austedo • Xenazine • Ingrezza <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/vmat2pdg.pdf">https://paxpress-tpa.acentra.com/vmat2pdg.pdf</a>
Voxzogo	6/10/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Voxzogo (Vosoritide) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/voxzogo.pdf">https://paxpress-tpa.acentra.com/voxzogo.pdf</a>
Wegovy	11/27/24	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Wegovy (Semaglutide) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/wegovy.pdf">https://paxpress-tpa.acentra.com/wegovy.pdf</a>
Xifaxan	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	Xifaxan (Rifaximin) • Xifaxan 200mg • Xifaxan 550mg <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/xifaxan.pdf">https://paxpress-tpa.acentra.com/xifaxan.pdf</a>
Zelboraf	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Zelboraf (Vemurafenib) <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/zelboraf.pdf">https://paxpress-tpa.acentra.com/zelboraf.pdf</a>
Zoryve	12/12/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	Zoryve (Roflumilast) • 0.3% cream • 0.15% cream • 0.3% foam  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/zoryve.pdf">https://paxpress-tpa.acentra.com/zoryve.pdf</a>
Ztalmly	3/1/23	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ztalmly (Ganaxalone)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/ztalmly.pdf">https://paxpress-tpa.acentra.com/ztalmly.pdf</a>
Zuruvae	8/22/24	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Zuruvae (Zuranolone)  <a href="https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx">https://www.molinahealthcare.com/providers/tx/medicaid/drug/priorauthorizationforms.aspx</a>	<a href="https://paxpress-tpa.acentra.com/zuruvae.pdf">https://paxpress-tpa.acentra.com/zuruvae.pdf</a>