

**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: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• IR Formulations</li><li>• ER Formulations</li><li>• Atomoxetine</li><li>• Guanfacine ER</li><li>• Clonidine ER</li><li>• Qelbree</li></ul>	<a href="#">ADD/ADHD Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Aliskiren-Containing Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> 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="#">Aliskiren Containing Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Allergen Extracts	9/29/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Grastek</li><li>• Odactra</li><li>• Oralair</li><li>• Palforzia</li><li>• Ragwitek</li></ul>	<a href="#">Allergen Extracts Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Amantadine ER	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Amantadine Extended-Release Agents</li></ul>	<a href="#">Amantadine ER Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Amyotrophic Lateral Sclerosis (ALS) Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Relyvrio</li></ul>	<a href="#">ALS Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Androgenic Agents	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Androgenic Agents</li></ul>	<a href="#">Androgenic Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Antiemetic Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Akyrneo</li><li>• Aprepitant</li><li>• Emend</li><li>• Granisetron</li><li>• Sancuso Patch</li></ul>	<a href="#">Antiemetic Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Antifungal Agents, Topical	1/16/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Ciclopirox</li><li>• Jublia</li><li>• Tavaborole</li></ul>	<a href="#">Antifungal Agents, Topical Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Antipsychotics	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• First and Second-Generation Antipsychotics</li><li>• Cobenzy (Xanomeline and Trospium Chloride)</li></ul>	<a href="#">Antipsychotic Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Antiseizure Agents	9/7/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Diacomit</li><li>• Epidiolex</li><li>• Fintepla</li></ul>	<a href="#">Antiseizure Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Anxiolytics and Sedative-Hypnotics	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<b>Anxiolytics:</b> <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> <b>Sedatives/Hypnotics:</b> <ul style="list-style-type: none"><li>• Adults</li><li>• Flurazepam</li><li>• Ramelteon</li><li>• Hetizol</li></ul>	<a href="#">Anxiolytics and Sedative - Hypnotics Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Appetite Suppressant Agents	6/8/2024	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Adipex - P</li><li>• Lormaira</li><li>• Phendimetrazine</li><li>• Phentermine</li></ul>	<a href="#">Appetite Suppressant Agents</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Arikayce	5/21/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Arikayce</li></ul>	<a href="#">Arikayce Prior Authorization Form Addendum</a>

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			<b>Molina Healthcare Prior Authorization Forms</b>	
Biliary Cholangitis Agents	6/4/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Bylvay</li><li>• Iqirvo /Livdelzi</li><li>• Livmarli</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Biliary Cholangitis Agents Prior Authorization Form Addendum</b>
Binge Eating Disorder (BED) Agents	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Lisdexamfetamine</li><li>• Vyvanse</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Binge Eating Disorder (BED) Agents Prior Authorization Form Addendum</b>
Buprenorphine Agents	1/15/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Buprenorphine/Naloxone</li><li>• Buprenorphine Oral/Sublingual</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Buprenorphine Agents Prior Authorization Form Addendum</b>
Carisoprodol-Containing Agents	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Carisoprodol</li><li>• Soma</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Carisoprodol-Containing Agents Prior Authorization Form Addendum</b>
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists (Acute Treatment)	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Nurtec ODT</li><li>• Ubrelvy</li><li>• Zavzpret</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>CGRP Antagonists, Acute Prior Authorization Form Addendum</b>
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Aimovig</li><li>• Ajovy</li><li>• Emgality</li><li>• Nurtec ODT</li><li>• Qulipta</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>CGRP Antagonists, Prophylaxis Prior Authorization Form Addendum</b>
CNS Stimulants	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Provigil</li><li>• Nuvigil</li><li>• Sunosii</li><li>• Wakix</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>CNS Stimulants Prior Authorization Form Addendum</b>
Colchicine Agents	1/4/2016	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Colcrys and Mitigare (Colchicine)</li><li>• Lodoco (Colchicine)</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Colchicine Prior Authorization Form Addendum</b>
Corticotrophin	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Acthar Self Ject</li><li>• Acthar Gel</li><li>• Cortrophin Gel</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Corticotrophin Prior Authorization Form Addendum</b>
Cortisol Receptor Antagonists	7/1/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Korlym</li><li>• Recorlev</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cortisol Receptor Antagonists</b>
Compounded Medications	3/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Compounded Medication Agents</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Compounded Medications Prior Authorization Form Addendum</b>
Contraceptives (CHIP)	2/1/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Contraceptive Agents (CHIP)</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>Contraceptives for CHIP Members Prior Authorization Form Addendum</b>

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Cough and 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	• Ages 2-4 • Ages 2-6 • Ages 2-10 • Ages 2-12 • Products Containing Opioids • Products Containing Acetaminophen or Ibuprofen	<a href="#">Cough &amp; Cold Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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 (Celecoxib) • Mobic (Meloxicam)	<a href="#">COX-2 Inhibitors Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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 • Cyclobenzaprine ER • Amrix ER	<a href="#">Cyclobenzaprine Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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 • Drizalma Sprinkle DR • Duloxetine	<a href="#">Cymbalta Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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	• Alyftrek • Kalydeco • Orkambi • Symdeko • Trikafta	<a href="#">Cystic Fibrosis Agents Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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 • Tremfya • Arcalyst • Tyenne • Bimzelx • Xeljanz • Cibinqo • Cimzia • Cosentyx • Enbrel • Enspryng • Entyvio SC • Humira and Biosimilar Agents • Ilaris • Ilumya • Kevzara • Kineret • Liflulo • Olumiant • Omvoh • Orencia • Otezla • Rinvog • Siliq • Simponi • Skyrizi • Sotyktu • Spevigo • Stelara and Biosimilar Agents • Taltz	<a href="#">Cytokine and CAM Antagonists Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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	<a href="#">Daybue Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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 • Desmopressin - Nasal	<a href="#">Desmopressin Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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 Agents	<a href="#">Dextromethorphan Overutilization Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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="#">Diabetic Supplies (Medicaid and CHIP) Prior Authorization Form Addendum</a>
			<b>Molina Healthcare Prior Authorization Forms</b>	

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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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Diabetic Test Strips Prior Authorization Form Addendum</a>
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% Topical Gel, 1.5% Topical Solution, and 2% Topical Solution  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Diclofenac Prior Authorization Form Addendum</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	• DPP- 4 Inhibitor Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">DPP4 Inhibitors Prior Authorization Form Addendum</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	• Apomorphine • Apokyn  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Dopamine Agonists Prior Authorization Form Addendum</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	• Bonjesta ER • Diclegia DR • Doxylamine - Pyridoxine  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Doxylamine/Pyridoxine Prior Authorization Form Addendum</a>
Duchenne Muscular Dystrophy (DMD) Agents	9/11/2025	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Agamree • Emflaza • Duvyza  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Duchenne Muscular Dystrophy Agents Prior Authorization Form Addendum</a>
Early Refill	12/13/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Early Refill Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Early Refill Prior Authorization Form Addendum</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 • Revcov • Strensiq • Vimizim  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Enzymes Prior Authorization Form Addendum</a>
Eohilia	8/22/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Eohilia  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Eohilia Prior Authorization Form Addendum</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 • Vafseo  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Erythropoiesis-Stimulating Agents Prior Authorization Form Addendum</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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Evrysdi Prior Authorization Form Addendum</a>
Fecal Microbiota Transplantation (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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">FMT Agents Prior Authorization Form Addendum</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	• Transdermal Fentanyl  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Fentanyl Agents Prior Authorization Form Addendum</a>

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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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Filspari Prior Authorization Form Addendum</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	• Forteo • Teriparatide  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Forteo Prior Authorization Form Addendum</a>
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 • Neurontin • Gabapentin Extended Release • Gralise ER • Horizant ER  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Gabapentin Agents Prior Authorization Form Addendum</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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Gattex Prior Authorization Form Addendum</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	• Cerdelga • Cerezyme • Elelyso • Miglustat • Vpriv • Zavesca  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Gaucher's Disease Agents Prior Authorization Form Addendum</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 • Ibsrela • Linzess • Lotronex • Motegrity • Movantik / Symproic • Relistor • Trulance • Viberzi  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">GI Motility Agents Prior Authorization Form Addendum</a>
Glatiramer 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	• Copaxone Injection kit • Copaxone Syringe • Glatiramer Syringe • Glatopa Syringe  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Glatiramer Acetate Injection Prior Authorization Form Addendum</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	• Bydureon BCISE • Byetta • Mounjaro • Ozempic • Rybelsus • Soliqua • Trulicity • Victoza • Xultophy  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">GLP-1 Receptor Agonists Prior Authorization Form Addendum</a>
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists	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	• Oriahnn • Myfembree  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists Prior Authorization Form Addendum</a>
Growth Hormones	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 - Excluding Serostim/ Sogroya • Serostim  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Growth Hormone Agents Prior Authorization Form Addendum</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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Hemady Prior Authorization Form Addendum</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	• Berinert • Cinryze • Firazyr • Haegarda • Icatibant • Orladeyo • Ruconest • Takhzyro  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">HAE Agents Prior Authorization Form Addendum</a>

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Hormonal Therapy	2/13/2024	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Hormonal Therapy Agents</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Hormonal Therapy Agents Prior Authorization Form Addendum</u></a>
Hyperlipidemia Agents	12/15/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Juxtapid</li><li>• Praluent</li><li>• Repatha</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Hyperlipidemia Agents Prior Authorization Form Addendum</u></a>
Imcivree	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Imcivree</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Imcivree Prior Authorization Form Addendum</u></a>
Imiquimod	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Imiquimod 5% Cream</li><li>• Zyclara 2.5% and 3.75% Cream</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Imiquimod Prior Authorization Form Addendum</u></a>
Immunomodulator Agents for Dry Eye	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Cequa Solution</li><li>• Eysuvis Eye Drops</li><li>• Restasis Multidose</li><li>• Restasis Eye Emulsion</li><li>• Tyraya Nasal Spray</li><li>• Xiidra Eye Drops</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Immunomodulator Agents for Dry Eye Prior Authorization Form Addendum</u></a>
Increlex	4/18/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Increlex</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Increlex Prior Authorization Form Addendum</u></a>
Inhaled Antibiotics	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Bethkis</li><li>• Cayston</li><li>• Kitabis</li><li>• Tobi Podhaler</li><li>• Tobramycin</li><li>• Tobi</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Inhaled Antibiotics Prior Authorization Form Addendum</u></a>
Journavx	9/9/2025	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Journavx</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Journavx Prior Authorization Form Addendum</u></a>
Ketorolac	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Ketorolac – Oral</li><li>• Ketorolac – Injectable/Nasal</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Ketorolac Prior Authorization Form Addendum</u></a>
Keveyis	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Dichlorphenamide</li><li>• Keveyis</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Keveyis Prior Authorization Form Addendum</u></a>
Leukotriene Modifiers	7/31/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Montelukast</li><li>• Zafirlukast</li><li>• Zileuton</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Leukotriene Modifiers Prior Authorization Form Addendum</u></a>
Lidocaine Patches	2/1/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Dermacinrx Lidocan</li><li>• Lidocaine Patch</li><li>• Lidocan II, III, IV, V Patch</li><li>• Lidoderm Patch</li><li>• Tridacaine Patch</li><li>• Tridacaine II, III, XL Patch</li><li>• Ztido Topical Patch</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Lidocaine Patches Prior Authorization Form Addendum</u></a>
Lupus Agents	1/27/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"><li>• Clinical notes</li><li>• Lab work</li><li>• Medication history</li></ul> Any other applicable documentation	<ul style="list-style-type: none"><li>• Benlysta</li><li>• Lupkynis</li></ul> <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#"><u>Lupus Agents Prior Authorization Form Addendum</u></a>

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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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Lyrica Prior Authorization Form Addendum</a>
Monoclonal Antibody Agents	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	• Adby • Dupixent • Ebglyss • Fasenra • Nucala • Tezspire • Xolair  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Monoclonal Antibody Agents Prior Authorization Form Addendum</a>
Multiple Sclerosis Agents	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 • Aubagio • Mavenclad • Mayzent • Ponvory • Tascenso ODT • Zeposia  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Multiple Sclerosis Agents Prior Authorization Form Addendum</a>
Niemann-Pick Disease Type C Agents	9/11/2025	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aqneursa • Miplyffa  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Niemann-Pick Disease Type C Agents Prior Authorization Form Addendum</a>
Nitazoxanide	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	• Nitazoxanide Tablet  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Nitazoxanide Prior Authorization Form Addendum</a>
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	• Nuedexta  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Nuedexta Prior Authorization Form Addendum</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	• Nuplazid  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Nuplazid Prior Authorization Form Addendum</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	• Icosapent Ethyl • Lovaza • Vascepa  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Omega-3 Fatty Acids Prior Authorization Form Addendum</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	• Opiate/Benzodiazepine/Muscle Relaxant Combinations  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Opiate/Benzodiazepine/Muscle Relaxant Combinations Prior Authorization Form Addendum</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	• Opioid Policy  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Opioid Policy Criteria Prior Authorization Form Addendum (Formerly MME criteria)</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	• Orilissa  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Orilissa Prior Authorization Form Addendum</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	• Oxervate  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Oxervate Prior Authorization Form Addendum</a>
Oxybate Products	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	• Lumryz • Sodium Oxybate • Xyrem • Xywav  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Oxybate Prior Authorization Form Addendum</a>

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Oxycodone Extended-Release Products	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	• Oxycodone ER - Low Dose • Oxycodone ER - High Dose  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Oxycodone Extended-Release Agents Prior Authorization Form Addendum</b>
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	• Adcirca • Alyq • Revatio • Sildenafil • Tadalafil • Tadliq  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDE5-Inhibitors Prior Authorization Form Addendum</b>
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	• Antiparasitics, Topical • Epinephrine, Self-Injected • Glucagon Agents • Hereditary Angioedema Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
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	• Antimigraine Agents, Triptans • Antiemetic-Antivertigo Agents, Oral • Cough and Cold Non-Antitussive • Cough and Cold Narcotic Antitussive • Cough and Cold Non-Narcotic Antitussive  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
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	• Antibiotics, Topical • Antibiotics, Vaginal • Cephalosporins and Related Antibiotics, Oral • Fluoroquinolones, Oral • Ophthalmics, Antibiotic -Steroid Combinations • Ophthalmics, Antibiotic • Ophthalmics, Allergic Conjunctivitis • Ophthalmics, Anti-Inflammatories • Otic Antibiotics • Penicillins • Tetracyclines  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
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 • H. Pylori Treatment • Otic Anti-Infectives/Anesthetics • Steroids, Topical  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
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 • Antibiotics, Inhaled • Glucocorticoids, Oral • Neuropathic Pain • Non-Narcotic Analgesics  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
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 Modulators • Angiotensin Modulator Combinations • Antidepressants, Other/SSRI/Tricyclic • Antifungals, Oral • Antihypertensives, Sympatholytics • Antiparkinson's Agents • Antipsychotics • Antipsychotics, LongActing Injectables • Beta Blockers, Oral • Bronchodilators, Beta Agonist • Calcium Channel Blockers (Oral) • COPD Agents • Hypoglycemics, Incretin Mimetics/Enhancers • Hypoglycemics, SGLT2 Inhibitors • Immune Globulins • Lincosamides/Oxazolidinones/Streptogramins • PAH Agents, Oral and Inhaled • Sedatives and Hypnotics  <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>

**Texas Medicaid/CHIP Prior Authorization Criteria Information**

PDL - 30 Day Criteria	2/1/2018	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Acne Agents, Oral</li> <li>• Acne Agents, Topical</li> <li>• Alzheimer's Agents</li> <li>• Androgenic Agents, Topical</li> <li>• Anti-Allergens, Oral</li> <li>• Antihistamines, First Generation</li> <li>• Antihistamines, Minimally Sedating</li> <li>• Antihyperuricemics</li> <li>• Antimigraine Agents, Other</li> <li>• Antivirals, Oral/Nasal</li> <li>• Antivirals, Topical</li> <li>• Anxiolytics</li> <li>• Bile Salts</li> <li>• Bladder Relaxant Preparations</li> <li>• Bone Resorption Suppression and Related Agents</li> <li>• BPH Agents</li> <li>• Colony Stimulating Factors</li> <li>• Cytokine and CAM Antagonists (Excluding Rinvog)</li> <li>• Cytokine and CAM Antagonists, Rinvog</li> <li>• Erythropoiesis Stimulating Proteins</li> <li>• GI Motility, Chronic</li> <li>• Glucocorticoids, Inhaled</li> <li>• Growth Hormone</li> <li>• Hepatitis C Agents</li> <li>• Hypoglycemics, Insulin</li> <li>• Hypoglycemics, Meglitinides</li> <li>• Hypoglycemics, Metformin</li> <li>• Hypoglycemics, TZD</li> <li>• Immunomodulators, Asthma</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">PDL Criteria Guide</a>
PDL - 30 Day Criteria (Continued)	2/1/2018	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Immunomodulators, Atopic Dermatitis (Excluding Dupixent)</li> <li>• Immunomodulators, Dupixent</li> <li>• Immunosuppressives</li> <li>• Intranasal Rhinitis Agents</li> <li>• Iron, Oral</li> <li>• Leukotriene Modifiers</li> <li>• Lipotropics, Other</li> <li>• Movement Disorders</li> <li>• Ophthalmics, Anti-Inflammatory/Immunomodulators</li> <li>• Ophthalmics, Glaucoma Agents</li> <li>• Pancreatic Enzymes</li> <li>• Pediatric Vitamin Preparations</li> <li>• Phosphate Binders</li> <li>• Platelet Aggregation Inhibitors</li> <li>• Potassium Binders</li> <li>• Prenatal Vitamins</li> <li>• Progestins for Cachexia</li> <li>• Proton Pump Inhibitors</li> <li>• Rosacea Agents, Topical</li> <li>• Sickle Cell Anemia Treatments</li> <li>• Skeletal Muscle Relaxants</li> <li>• Smoking Cessation</li> <li>• Stimulants and Related Agents</li> <li>• Thrombopoiesis Stimulating Proteins</li> <li>• Ulcerative Colitis Agents</li> <li>• Uterine Disorder Treatments</li> <li>• Urea Cycle Disorders, Oral</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">PDL Criteria Guide</a>
PDL - 120 Day Criteria	2/1/2018	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Lipotropics, Statins</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">PDL Criteria Guide</a>
Phosphate Binders	4/18/2012	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Auryxia</li> <li>• Calcium Acetate</li> <li>• Fosrenol</li> <li>• Lanthanum</li> <li>• Renvela</li> <li>• Sevelamer</li> <li>• Velphoro</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">Phosphate Binders Prior Authorization Form Addendum</a>
Promethazine Agents	9/16/2014	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Promethazine Containing Products</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">Promethazine Utilization Prior Authorization Form Addendum</a>
Propylthiouracil	10/22/2013	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Propylthiouracil</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">Propylthiouracil Prior Authorization Form Addendum</a>
Proton Pump Inhibitors	12/18/2019	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	<ul style="list-style-type: none"> <li>• Proton Pump Inhibitor Agents</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<a href="#">Proton Pump Inhibitors Prior Authorization Form Addendum</a>

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Pulmonary Arterial Hypertension	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 PH Agents • Oral/Inhaled PH Agents	<a href="#"><u>Pulmonary Hypertension Agents Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></a>	
Pulmozyme	4/19/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Pulmozyme	<a href="#"><u>Pulmozyme Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	• Ranolazine ER	<a href="#"><u>Ranexa Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></a>	
Recurrent Vulvovaginal Candidiasis (RVVC) Agents	11/25/2022	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="#"><u>Recurrent Vulvovaginal Candidiasis (RVVC) Agents Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></a>	
Retrospective DUR	12/8/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Retrospective DUR	<a href="#"><u>Retrospective DUR Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	<a href="#"><u>Rezurock prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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 • Savella Titration Pack	<a href="#"><u>Savella Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	• SGLT2 Inhibitors - Single Entity Agents • SGLT2 Inhibitors - Combination Agents	<a href="#"><u>SGLT2 Agents Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	<a href="#"><u>Skyclarys Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	• Velsiparty	<a href="#"><u>Sphingosine 1-Phosphate (S1P) Receptors Modulators</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	• Symlinpen	<a href="#"><u>Symlin Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></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	<a href="#"><u>Synagis Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></a>	
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	• Actoplus Met • Pioglitazone - Metformin • Actos • Duetact • Pioglitazone • Pioglitazone - Glimepiride	<a href="#"><u>Thiazolidinediones Prior Authorization Form Addendum</u></a>
			<a href="#"><u>Molina Healthcare Prior Authorization Forms</u></a>	

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Topical Acne Agents	2/12/2018	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Topical Acne Agents	<a href="#">Topical Acne Agents Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Topical Immunomodulators	4/23/2012	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Elidel and Tacrolimus 0.03% • Tacrolimus 0.1% Ointment • Eucrisa 2% Ointment • Anzupgo 2% Cream / Opzelura 1.5% Cream • Zoryve 0.3% and 0.15% Cream • Zoryve (Roflumilast) 0.3% Foam	<a href="#">Topical Immunomodulators Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Topical Retinoids	9/9/2019	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Topical Retinoid Agents	<a href="#">Topical Retinoids Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Transthyretin Agents	9/10/2020	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Attruby • Vyndamax / Vydanquel	<a href="#">Transthyretin Agents Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Urea Cycle Disorder Agents	5/3/2019	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Urea Cycle Disorder Agents	<a href="#">Urea Cycle Disorder Agents Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Veozah	9/8/2023	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Veozah	<a href="#">Veozah Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Vitamins/Minerals	12/8/2020	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Vitamins and Minerals	<a href="#">Vitamins/Minerals Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	9/16/2014	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Austedo • Xenazine • Ingrezza	<a href="#">VMAT2 Inhibitors Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Voxzogo	6/10/2022	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Voxzogo	<a href="#">Voxzogo Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Wegovy	11/27/2024	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Wegovy	<a href="#">Wegovy Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Xifaxan	4/23/2012	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Xifaxan 200mg • Xifaxan 550mg	<a href="#">Xifaxan Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Yorvipath	6/3/2025	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Yorvipath	<a href="#">Yorvipath Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	
Zelboraf	9/16/2014	<p>Information generally required to support authorization decision making includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> <p>Any other applicable documentation</p>	• Zelboraf	<a href="#">Zelboraf Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms</a>	

**Texas Medicaid/CHIP Prior Authorization Criteria Information**

Zepbound	6/3/2025	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Zepbound  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Zepbound Prior Authorization Form Addendum</b>
Ztalmym	3/1/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ztalmym  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Ztalmym Prior Authorization Form Addendum</b>
Zurzuvae	8/22/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Zurzuvae  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Zurzuvae Prior Authorization Form Addendum</b>