

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">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• IR Formulations• ER Formulations• Atomoxetine• Guanfacine ER• Clonidine ER• Qelbree	ADD/ADHD Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
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">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• 150mg Aliskiren-Containing Agents• 300mg Aliskiren-Containing Agents	Aliskiren Containing Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Allergen Extracts	9/29/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Grastek• Odactra• Oralair• Palforzia• Ragwitek	Allergen Extracts Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Amantadine ER	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Amantadine Extended-Release Agents	Amantadine ER Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
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">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Relyvrio	ALS Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Androgenic Agents	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Androgenic Agents	Androgenic Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Antiemetic Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Akynzeo• Aprepitant• Emend• Granisetron• Sancuso Patch	Antiemetic Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
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">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Ciclopirox• Jublia• Tavorole	Antifungal Agents, Topical Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Antipsychotics	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• First and Second-Generation Antipsychotics• Cobenfy (Xanomeline and Trospium Chloride)	Antipsychotic Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Antiseizure Agents	9/7/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Diacomit• Epidiolex• Fintepla	Antiseizure Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
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">• Clinical notes• Lab work• Medication history Any other applicable documentation	Anxiolytics: <ul style="list-style-type: none">• Alprazolam• Chlordiazepoxide, Meprobamate & Oxazepam• Clonazepam & Diazepam• Clorazepate• Lorazepam Sedatives/Hypnotics: <ul style="list-style-type: none">• Adults• Flurazepam• Ramelteon• Hettioz	Anxiolytics and Sedative - Hypnotics Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
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">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Adipex - P• Lomaira• Phendimetrazine• Phentermine	Appetite Suppressant Agents
			Molina Healthcare Prior Authorization Forms	
Arikayce	5/21/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Arikayce	Arikayce Prior Authorization Form Addendum

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

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Cough and Cold Medications	7/7/2017	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Ages 2-4• Ages 2-6• Ages 2-10• Ages 2-12• Products Containing Opioids• Products Containing Acetaminophen or Ibuprofen	<u>Cough & Cold Agents Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
COX-2 Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Celebrex (Celecoxib)• Mobic (Meloxicam)	<u>COX-2 Inhibitors Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Cyclobenzaprine	4/17/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Cyclobenzaprine• Cyclobenzaprine ER• Amrix ER	<u>Cyclobenzaprine Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Cymbalta	10/13/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Cymbalta• Drizalma Sprinkle DR• Duloxetine	<u>Cymbalta Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Cystic Fibrosis Agents	7/18/2013	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Alyftrek• Kalydeco• Orkambi• Symdeko• Trikafta	<u>Cystic Fibrosis Agents Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Cytokine and CAM Antagonists	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Actemra• Arcalyst• Bimzelx• Cibinqo• Cimzia• Cosentyx• Enbrel• Enspryng• Entyvio SC• Humira and Biosimilar Agents• Ilaris• Ilumya• Kevzara• Kineret• Littfulo• Olumiant• Omvoh• Orencia• Otezla• Rinvoq• Siltiq• Simponi• Skyrizi• Sotyktu• Spevigo• Stelara and Biosimilar Agents• Taltz• Tremfya• Tysse• Xeljanz	<u>Cytokine and CAM Antagonists Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Daybue	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Daybue	<u>Daybue Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Desmopressin	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Desmopressin - Oral• Desmopressin - Injectable• Desmopressin - Nasal	<u>Desmopressin Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Dextromethorphan Overutilization	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Dextromethorphan Overutilization Agents	<u>Dextromethorphan Overutilization Prior Authorization Form Addendum</u>
			Molina Healthcare Prior Authorization Forms	
Diabetic Supplies (Medicaid and CHIP)	6/23/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Diabetic Supplies (Medicaid and CHIP)	<u>Diabetic Supplies (Medicaid and CHIP) Prior Authorization Form Addendum</u>
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Diabetic Test Strips	2/2/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Diabetic Test Strips	<u>Diabetic Test Strips Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Diclofenac Gel and Topical Solution	6/27/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Diclofenac 3% Topical Gel• Diclofenac 1% Topical Gel, 1.5% Topical Solution, and 2% Topical Solution	<u>Diclofenac Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work	<ul style="list-style-type: none">• DPP- 4 Inhibitor Agents	<u>DPP4 Inhibitors Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Dopamine Agonists	7/1/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Apomorphine• Apokyn	<u>Dopamine Agonists Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Doxylamine/Pyridoxine	2/12/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Bonjesta ER• Diclegia DR• Doxylamine - Pyridoxine	<u>Doxylamine/Pyridoxine Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Duchenne Muscular Dystrophy (DMD) Agents	9/11/2025	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Agamree• Emflaza• Duvyzat	<u>Duchenne Muscular Dystrophy Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Early Refill	12/13/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Early Refill Agents	<u>Early Refill Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Enzymes	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Aldurazyme• Ceprotin• Elaprase• Fabrazyme• Galafold• Naglazyme• Nityr / Orfadin• Revcovi• Strensiq• Vimizim	<u>Enzymes Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Eohilia	8/22/2024	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Eohilia	<u>Eohilia Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Erythropoiesis-Stimulating Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Aranesp• Epogen• Procrit• Retacrit• Mircera• Vafseo	<u>Erythropoiesis-Stimulating Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Evrysdi	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Evrysdi	<u>Evrysdi Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Fecal Microbiota Transplantation (FMT) Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Vowst	<u>FMT Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Fentanyl Agents	3/1/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Transdermal Fentanyl	<u>Fentanyl Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	

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Filspari	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Filspari <div>Molina Healthcare Prior Authorization Forms</div>	<u>Filspari Prior Authorization Form Addendum</u>
Forte	3/21/2016	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Forte• Teriparatide <div>Molina Healthcare Prior Authorization Forms</div>	<u>Forteo Prior Authorization Form Addendum</u>
Gabapentin Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Gabapentin• Neurontin• Gabapentin Extended Release• Gralise ER• Horizant ER <div>Molina Healthcare Prior Authorization Forms</div>	<u>Gabapentin Agents Prior Authorization Form Addendum</u>
Gattex	6/6/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Gattex <div>Molina Healthcare Prior Authorization Forms</div>	<u>Gattex Prior Authorization Form Addendum</u>
Gaucher's Disease Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Cerdelga• Cerezyme• Elelyso• Miglustat• Vpriv• Zavesca <div>Molina Healthcare Prior Authorization Forms</div>	<u>Gaucher's Disease Agents Prior Authorization Form Addendum</u>
GI Motility Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Amitiza• Ibsrela• Linzess• Lotronex• Motegrity• Movantik / Symproic• Relistor• Trulance• Viberzi <div>Molina Healthcare Prior Authorization Forms</div>	<u>GI Motility Agents Prior Authorization Form Addendum</u>
Glatiramer Acetate Injection	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Copaxone Injection kit• Copaxone Syringe• Glatiramer Syringe• Glatopa Syringe <div>Molina Healthcare Prior Authorization Forms</div>	<u>Glatiramer Acetate Injection Prior Authorization Form Addendum</u>
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Bydureon BCISE• Byetta• Mounjaro• Ozempic• Rybelsus• Soliqua• Trulicity• Victoza• Xultophy <div>Molina Healthcare Prior Authorization Forms</div>	<u>GLP-1 Receptor Agonists Prior Authorization Form Addendum</u>
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Oriahnn• Myfembree <div>Molina Healthcare Prior Authorization Forms</div>	<u>Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists Prior Authorization Form Addendum</u>
Growth Hormones	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Growth Hormone Agents - Excluding Serostim/ Sogroya• Serostim <div>Molina Healthcare Prior Authorization Forms</div>	<u>Growth Hormone Agents Prior Authorization Form Addendum</u>
Hemady	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Hemady <div>Molina Healthcare Prior Authorization Forms</div>	<u>Hemady Prior Authorization Form Addendum</u>
Hereditary Angioedema (HAE) Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Berinert• Cinryze• Firazyr• Haegarda• Icatibant• Orladeyo• Ruconest• Takhzyro <div>Molina Healthcare Prior Authorization Forms</div>	<u>HAE Agents Prior Authorization Form Addendum</u>

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

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Lyrica	6/16/2016	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Lyrica• Pregabalin• Lyrica CR• Pregabalin ER	<u>Lyrica Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Monoclonal Antibody Agents	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Adbry• Dupixent• Ebglyss• Fasenra• Nucala• Tezspire• Xolair	<u>Monoclonal Antibody Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Multiple Sclerosis Agents	11/11/2021	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Ampyra• Aubagio• Mavenclad• Mayzent• Ponvory• Tascenso ODT• Zeposia	<u>Multiple Sclerosis Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Niemann-Pick Disease Type C Agents	9/11/2025	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Aqueursa• Miplyffa	<u>Niemann-Pick Disease Type C Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Nitazoxanide	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Nitazoxanide Tablet	<u>Nitazoxanide Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Nuedexta	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Nuedexta	<u>Nuedexta Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Nuplazid	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Nuplazid	<u>Nuplazid Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Omega-3-Acid Fatty Acids	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Icosapent Ethyl• Lovaza• Vascepa	<u>Omega-3 Fatty Acids Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Opiate/Benzodiazepine/Muscle Relaxant Combinations	2/22/2017	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Opiate/Benzodiazepine/Muscle Relaxant Combinations	<u>Opiate/Benzodiazepine/Muscle Relaxant Combinations Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Opioid Policy	2/14/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Opioid Policy	<u>Opioid Policy Criteria Prior Authorization Form Addendum (Formerly MME criteria)</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Orilissa	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Orilissa	<u>Orilissa Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Oxervate	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Oxervate	<u>Oxervate Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Oxybate Products	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Lumryz• Sodium Oxybate• Xyrem• Xywav	<u>Oxybate Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	

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Oxycodone Extended-Release Products	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Oxycodone ER - Low Dose• Oxycodone ER - High Dose	<u>Oxycodone Extended-Release Agents Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDE5-Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Adcirca• Alyq• Revatio• Sildenafil• Tadalafil• Tadalafil	<u>PDE5-Inhibitors Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 1 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Antiparasitics, Topical• Epinephrine, Self-Injected• Glucagon Agents• Hereditary Angioedema Agents	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 3 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Antimigraine Agents, Triptans• Antiemetic-Antivertigo Agents, Oral• Cough and Cold Non-Antitussive• Cough and Cold Narcotic Antitussive• Cough and Cold Non-Narcotic Antitussive	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 5 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• 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	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 6 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Analgesics, Narcotic – Long Acting• Analgesics, Narcotic – Short Acting	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 7 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Anticoagulants• Antifungals, Topical• H. Pylori Treatment• Otic Anti-Infectives/Anesthetics• Steroids, Topical	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 10 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Antibiotics, GI• Antibiotics, Inhaled• Glucocorticoids, Oral• Neuropathic Pain• Non-Narcotic Analgesics	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
PDL - 14 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Angiotensin Modulators• Angiotensin Modulator Combinations• Antidepressants, Other/SSRI/Tricyclic• Antifungals, Oral• Antihypertensives, Sympatholytics• Antiparkinson's Agents• Antipsychotics• Antipsychotics, Long Acting Injectable• 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	<u>PDL Criteria Guide</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	

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

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Pulmonary Arterial Hypertension	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Injectable PH Agents• Ora/Inhaled PH Agents	Pulmonary Hypertension Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Pulmozyme	4/19/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Pulmozyme	Pulmozyme Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Ranexa	6/1/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Ranolazine ER	Ranexa Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Recurrent Vulvovaginal Candidiasis (RVVC) Agents	11/25/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Vivjoa	Recurrent Vulvovaginal Candidiasis (RVVC) Agents. Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Retrospective DUR	12/8/2020	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Retrospective DUR	Retrospective DUR Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Rezurock	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Rezurock	Rezurock prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Savella	1/22/2016	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Savella• Savella Titration Pack	Savella Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
SGLT2 Inhibitors	10/3/2019	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• SGLT2 Inhibitors - Single Entity Agents• SGLT2 Inhibitors - Combination Agents	SGLT2 Agents Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Skyclarys	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Skyclarys	Skyclarys Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Sphingosine 1-phosphate (S1P) Receptor Modulators	6/5/2024	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Velsipity	Sphingosine 1-Phosphate (S1P) Receptors Modulators
			Molina Healthcare Prior Authorization Forms	
Symlin	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Symlinpen	Symlin Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Synagis	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Synagis	Synagis Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	
Thiazolidinediones	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Actoplus Met• Pioglitazone - Metformin• Actos• Duetact• Pioglitazone• Pioglitazone - Glimepiride	Thiazolidinediones Prior Authorization Form Addendum
			Molina Healthcare Prior Authorization Forms	

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

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Zepbound	6/3/2025	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	• Zepbound	<u>Zepbound Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Ztalmy	3/1/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	• Ztalmy	<u>Ztalmy Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	
Zurzuvae	8/22/2024	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	• Zurzuvae	<u>Zurzuvae Prior Authorization Form Addendum</u>
			<u>Molina Healthcare Prior Authorization Forms</u>	