

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

Drug Class/PA Criteria Name	Effective Date	Documentation Requirement	Clinical Criteria Utilized	Link to Criteria Logic
ADD/ADHD Agents	11/4/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• IR Formulations • ER Formulations • Atomoxetine • Guanfacine ER • Clonidine ER • Qetbree  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">ADD/ADHD Agents Prior Authorization Form Addendum.</a>
Aliskiren-Containing Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• 150mg Aliskiren-Containing Agents • 300mg Aliskiren-Containing Agents  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Aliskiren Containing Agents Prior Authorization Form Addendum.</a>
Allergen Extracts	9/29/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Grastek • Odactra • Oralair • Palforzia • Ragwitek  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Allergen Extracts Prior Authorization Form Addendum.</a>
Amantadine ER	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Amantadine Extended-Release Agents  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Amantadine ER Prior Authorization Form Addendum.</a>
Amotrophic Lateral Sclerosis (ALS) Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Relyvrio  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">ALS Agents Prior Authorization Form Addendum.</a>
Androgenic Agents	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Androgenic Agents  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Androgenic Agents Prior Authorization Form Addendum.</a>
Antiemetic Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Akynzeo • Aprepitant • Emend • Granisetron • Sancuso Patch  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Antiemetic Agents Prior Authorization Form Addendum.</a>
Antipsychotics	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	• First and Second-Generation Antipsychotics • Cobenty (Xanomeline and Trospium Chloride)  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Antipsychotic Agents Prior Authorization Form Addendum.</a>
Antiseizure Agents	9/7/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diacomit • Epidiolex • Fintepla  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Antiseizure Agents Prior Authorization Form Addendum.</a>
Anxiolytics and Sedative-Hypnotics	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<b>Anxiolytics:</b> • Alprazolam • Chlordiazepoxide, Meprobamate & Oxazepam • Clonazepam & Diazepam • Clorazepate • Lorazepam <b>Sedatives/Hypnotics:</b> • Adults • Flurazepam • Ramelteon • Hettioz  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Anxiolytics and Sedative - Hypnotics Prior Authorization Form Addendum.</a>
Appetite Suppressant Agents	6/8/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Adipex - P • Lomaira • Phendimetrazine • Phentermine  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Appetite Suppressant Agents.</a>
Arikayce	5/21/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Arikayce  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Arikayce Prior Authorization Form Addendum.</a>
Biliary Cholangitis Agents	6/4/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Bylvay • Iqivio (Ividelzi) • Livmarli  <a href="#">Molina Healthcare Prior Authorization Forms.</a>	<a href="#">Biliary Cholangitis Agents Prior Authorization Form Addendum.</a>

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Binge Eating Disorder (BED) Agents	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lisdexamfetamine • Vyvanse  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Buprenorphine/Naloxone • Buprenorphine Oral/Sublingual  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Carisoprodol • Soma  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Nurtec ODT • Ubrovelvy • Zavzpret  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aimovig • Ajovy • Emgality • Nurtec ODT • Qulipta  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Provigil • Nuvigil • Sunosi • Wakix  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Colcrys and Mitigare (Colchicine) • Lodoco (Colchicine)  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Colchicine Prior Authorization Form Addendum.</u>
Corticotrophin	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Acthar Self Ject • Acthar Gel • Cortrophin Gel  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Korym • Recorlev  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Cortisol Receptor Antagonists.</u>
Compounded Medications	3/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Compounded Medication Agents  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Contraceptive Agents (CHIP)  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Contraceptives for CHIP Members Prior Authorization Form Addendum</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Cough &amp; Cold Agents Prior Authorization Form Addendum</u>
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 (Cetecoxib) • Mobic (Meloxicam)  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>COX-2 Inhibitors Prior Authorization Form Addendum.</u>

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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	<ul style="list-style-type: none"> <li>• Cyclobenzaprine</li> <li>• Cyclobenzaprine ER</li> <li>• Amrix ER</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Cyclobenzaprine Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Cymbalta</li> <li>• Drizalma Sprinkle DR</li> <li>• Duloxetine</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Cymbalta Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Alyftrek</li> <li>• Kalydeco</li> <li>• Orkambi</li> <li>• Symdeko</li> <li>• Trikafta</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Cystic Fibrosis Agents Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Actemra</li> <li>• Arcalyst</li> <li>• Bimzetx</li> <li>• Cibinqo</li> <li>• Cimzia</li> <li>• Cosentyx</li> <li>• Enbrel</li> <li>• Enspryng</li> <li>• Entyvio SC</li> <li>• Humira and Biosimilar Agents</li> <li>• Ilaris</li> <li>• Ilumya</li> <li>• Kevzara</li> <li>• Kineret</li> <li>• Liltulo</li> <li>• Olumiant</li> <li>• Omvoh</li> <li>• Orencia</li> <li>• Otezla</li> <li>• Rinvoq</li> <li>• Siliq</li> <li>• Simponi</li> <li>• Skyrizi</li> <li>• Sotyktu</li> <li>• Spevigo</li> <li>• Stelara and Biosimilar Agents</li> <li>• Taltz</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Cytokine and CAM Antagonists Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Daybue</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Daybue Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Desmopressin - Oral</li> <li>• Desmopressin - Injectable</li> <li>• Desmopressin - Nasal</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Desmopressin Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Dextromethorphan Overutilization Agents</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Dextromethorphan Overutilization Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Diabetic Supplies (Medicaid and CHIP)</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Diabetic Supplies (Medicaid and CHIP) Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Diabetic Test Strips</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Diabetic Test Strips Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Diclofenac 3% Topical Gel</li> <li>• Diclofenac 1% Topical Gel, 1.5% Topical Solution, and 2% Topical Solution</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Diclofenac Prior Authorization Form Addendum.</u>
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• DPP-4 Inhibitor Agents</li> </ul>	<u>DPP4 Inhibitors Prior Authorization Form Addendum.</u>

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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	<p><u>Molina Healthcare Prior Authorization Forms.</u></p> <ul style="list-style-type: none"> <li>• Apomorphine</li> <li>• Apokyn</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Dopamine Agonists Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Bonjesta ER</li> <li>• Diclegia DR</li> <li>• Doxylamine - Pyridoxine</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Doxylamine/Pyridoxine Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Agamree</li> <li>• Emflaza</li> <li>• Duvyzt</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Duchenne Muscular Dystrophy Agents Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Early Refill Agents</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Early Refill Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Aldurazyme</li> <li>• Ceprotin</li> <li>• Elaprase</li> <li>• Fabrazyme</li> <li>• Galafold</li> <li>• Naglazyme</li> <li>• Nityr / Orfadin</li> <li>• Revcovi</li> <li>• Strensiq</li> <li>• Vimizim</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Enzymes Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Eohilia</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Eohilia Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Aranesp</li> <li>• Epogen</li> <li>• Procrit</li> <li>• Retacrit</li> <li>• Mircera</li> <li>• Vafseo</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Erythropoiesis-Stimulating Agents Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Evrysdi</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Evrysdi Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> <li>• Vowst</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>FMT Agents Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Transdermal Fentanyl</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Fentanyl Agents Prior Authorization Form Addendum.</u>
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	<ul style="list-style-type: none"> <li>• Filspari</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Filspari Prior Authorization Form Addendum</u>
Forteo	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	<ul style="list-style-type: none"> <li>• Forteo</li> <li>• Teriparatide</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Forteo Prior Authorization Form Addendum.</u>

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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	<ul style="list-style-type: none"> <li>• Gabapentin</li> <li>• Neurontin</li> <li>• Gabapentin Extended Release</li> <li>• Gralise ER</li> <li>• Horizant ER</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Gattex</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Cerdelga</li> <li>• Cerezyme</li> <li>• Eleyso</li> <li>• Miglustat</li> <li>• Vpriv</li> <li>• Zavesca</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Amiliza</li> <li>• Ibsrela</li> <li>• Liness</li> <li>• Lotronex</li> <li>• Motegily</li> <li>• Movantik / Symproic</li> <li>• Relistor</li> <li>• Trulance</li> <li>• Viberzi</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Copaxone Injection kit</li> <li>• Copaxone Syringe</li> <li>• Glatiramer Syringe</li> <li>• Glatopa Syringe</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Bydureon BCISE</li> <li>• Byetta</li> <li>• Mounjaro</li> <li>• Ozempic</li> <li>• Rybelsus</li> <li>• Soliqua</li> <li>• Trulicity</li> <li>• Victoza</li> <li>• Xultrophy</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Oriahnn</li> <li>• Myfembree</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Growth Hormone Agents - Excluding Serostim/ Sogroya</li> <li>• Serostim</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Hemady</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Berinert</li> <li>• Cinyze</li> <li>• Firazyr</li> <li>• Haegarda</li> <li>• Icatibant</li> <li>• Orladeyo</li> <li>• Ruconest</li> <li>• Takhzyro</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>HAE Agents Prior Authorization Form Addendum.</u>
Hormonal Therapy	2/13/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Hormonal Therapy Agents</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> <li>• Juxtapid</li> <li>• Praluent</li> <li>• Repatha</li> </ul> <p><u>Molina Healthcare Prior Authorization Forms.</u></p>	<u>Hyperlipidemia Agents Prior Authorization Form Addendum.</u>

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Imcivree	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Imcivree  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Imcivree Prior Authorization Form Addendum.</u>
Imiquimod	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Imiquimod 5% Cream • Zyclara 2.5% and 3.75% Cream  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cequa Solution • Eysuvis Eye Drops • Restasis Multidose • Restasis Eye Emulsion • Tyrvaya Nasal Spray • Xidra Eye Drops  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Increlex  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Bethkis • Cayston • Kitabis • Tobi Podhaler • Tobramycin • Tobi  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Journavx  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Journavx Prior Authorization Form Addendum.</u>
Ketorolac	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ketorolac – Oral • Ketorolac – Injectable/Nasal  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Ketorolac Prior Authorization Form Addendum.</u>
Keveys	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	• Dichlorphenamide • Keveys  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Keveys Prior Authorization Form Addendum.</u>
Leukotriene Modifiers	7/31/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Montelukast • Zafirlukast • Zileuton  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Dermacinx Lidocaine • Lidocaine Patch • Lidocaine II, III, IV, V Patch • Lidoderm Patch • Tridacaine Patch • Tridacaine II, III, XL Patch • Ztildo Topical Patch  <u>Molina Healthcare Prior Authorization Forms.</u>	<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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Benlysta • Lupkynis  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Lupus Agents Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Lyrica Prior Authorization Form Addendum.</u>
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 • Fasentra • Nucala • Tezspire • Xolair  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Monoclonal Antibody Agents Prior Authorization Form Addendum.</u>

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

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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Multiple Sclerosis Agents Prior Authorization Form Addendum</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Niemann-Pick Disease Type C Agents Prior Authorization Form Addendum</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Nitazoxanide Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Nuedexta Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Nuplazid Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Omega-3 Fatty Acids Prior Authorization Form Addendum</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Opiate/Benzodiazepine/Muscle Relaxant Combinations Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Opioid Policy Criteria Prior Authorization Form Addendum (Formerly MME criteria).</u>
Orlissa	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	• Orlissa  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Orlissa Prior Authorization Form Addendum</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Oxervate Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Oxybate Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Oxycodone Extended-Release Agents Prior Authorization Form Addendum</u>
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 • Atyq • Revatio • Sildenafil • Tadalafil • Tadalafil  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>PDE5-Inhibitors Prior Authorization Form Addendum.</u>

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

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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antiparasitics, Topical</li> <li>• Epinephrine, Self-Injected</li> <li>• Glucagon Agents</li> <li>• Hereditary Angioedema Agents</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antimigraine Agents, Triptans</li> <li>• Antiemetic-Antivertigo Agents, Oral</li> <li>• Cough and Cold Non-Antitussive</li> <li>• Cough and Cold Narcotic Antitussive</li> <li>• Cough and Cold Non-Narcotic Antitussive</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antibiotics, Topical</li> <li>• Antibiotics, Vaginal</li> <li>• Cephalosporins and Related Antibiotics, Oral</li> <li>• Fluoroquinolones, Oral</li> <li>• Ophthalmics, Antibiotic -Steroid Combinations</li> <li>• Ophthalmics, Antibiotic</li> <li>• Ophthalmics, Allergic Conjunctivitis</li> <li>• Ophthalmics, Anti-Inflammatories</li> <li>• Otic Antibiotics</li> <li>• Penicillins</li> <li>• Tetracyclines</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Analgesics, Narcotic - Long Acting</li> <li>• Analgesics, Narcotic - Short Acting</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Anticoagulants</li> <li>• Antifungals, Topical</li> <li>• H. Pylori Treatment</li> <li>• Otic Anti-Infectives/Anesthetics</li> <li>• Steroids, Topical</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Antibiotics, GI</li> <li>• Antibiotics, Inhaled</li> <li>• Glucocorticoids, Oral</li> <li>• Neuropathic Pain</li> <li>• Non-Narcotic Analgesics</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Angiotensin Modulators</li> <li>• Angiotensin Modulator Combinations</li> <li>• Antidepressants, Other/SSRI/Tricyclic</li> <li>• Antifungals, Oral</li> <li>• Antihypertensives, Sympatholytics</li> <li>• Antiparkinson's Agents</li> <li>• Antipsychotics</li> <li>• Antipsychotics, LongActing Injectables</li> <li>• Beta Blockers, Oral</li> <li>• Bronchodilators, Beta Agonist</li> <li>• Calcium Channel Blockers (Oral)</li> <li>• COPD Agents</li> <li>• Hypoglycemics, Incretin Mimetics/Enhancers</li> <li>• Hypoglycemics, SGLT2 Inhibitors</li> <li>• Immune Globulins</li> <li>• Lincosamides/Oxazolidinones/Streptogramins</li> <li>• PAH Agents, Oral and Inhaled</li> <li>• Sedatives and Hypnotics</li> </ul> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<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 Rimvoq)</li> <li>• Cytokine and CAM Antagonists, Rimvoq</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> Molina Healthcare Prior Authorization Forms.	<a href="#">PDL Criteria Guide</a>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<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>	<a href="#">PDL Criteria Guide</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Lipotropics, Statins</li> </ul>	<a href="#">PDL Criteria Guide</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
Phosphate Binders	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>• Auryxia</li> <li>• Calcium Acetate</li> <li>• Fosrenol</li> <li>• Lanthanum</li> <li>• Renvela</li> <li>• Sevelamer</li> <li>• Velphoro</li> </ul>	<a href="#">Phosphate Binders Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
Promethazine 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>• Promethazine Containing Products</li> </ul>	<a href="#">Promethazine Utilization Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
Propylthiouracil	10/22/2013	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>• Propylthiouracil</li> </ul>	<a href="#">Propylthiouracil Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Proton Pump Inhibitor Agents</li> </ul>	<a href="#">Proton Pump Inhibitors Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Injectable PH Agents</li> <li>• Oral/Inhaled PH Agents</li> </ul>	<a href="#">Pulmonary Hypertension Agents Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
Pulmozyme	4/19/2023	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>• Pulmozyme</li> </ul>	<a href="#">Pulmozyme Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
Ranexa	6/1/2012	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>• Ranolazine ER</li> </ul>	<a href="#">Ranexa Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	
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"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Vivjoa</li> </ul>	<a href="#">Recurrent Vulvovaginal Candidiasis (RVVC) Agents Prior Authorization Form Addendum</a>
			<a href="#">Molina Healthcare Prior Authorization Forms.</a>	

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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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Retrospective DUR Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Rezurock prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Savella Prior Authorization Form Addendum</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>SGLT2 Agents Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Skyclarys Prior Authorization Form Addendum.</u>
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	• Vetsipity  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Sphingosine 1-Phosphate (S1P) Receptors Modulators.</u>
Symtin	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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Symtin Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Synagis Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Thiazolidinediones Prior Authorization Form Addendum</u>
Topical Acne Agents	2/12/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Topical Acne Agents  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Topical Acne Agents Prior Authorization Form Addendum</u>
Topical Antifungals for Onychomycosis	1/16/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ciclopirox • Jublia • Tavorote  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Topical Antifungals for Onychomycosis Prior Authorization Form Addendum</u>
Topical Immunomodulators	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Eidel and Tacrolimus 0.03% • Tacrolimus 0.1% Ointment • Eucrisa 2% Ointment • Anzuppo 2% Cream / Opzelura 1.5% Cream • Zoryve 0.3% and 0.15% Cream • Zoryve (Roflumilast) 0.3% Foam  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Topical Immunomodulators Prior Authorization Form Addendum</u>
Topical Retinoids	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Topical Retinoid Agents  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Topical Retinoids Prior Authorization Form Addendum.</u>

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Transthyretin 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	• Attruby • Vyndamax / Vydanqel  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Transthyretin Agents Prior Authorization Form Addendum</u>
Urea Cycle Disorder Agents	5/3/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Urea Cycle Disorder Agents  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Urea Cycle Disorder Agents Prior Authorization Form Addendum</u>
Vitamins/Minerals	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	• Vitamins and Minerals  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Vitamins/Minerals Prior Authorization Form Addendum.</u>
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Austedo • Xenazine • Ingrezza  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>VMAT2 Inhibitors Prior Authorization Form Addendum.</u>
Voxzogo	6/10/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Voxzogo  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Voxzogo Prior Authorization Form Addendum.</u>
Wegovy	11/27/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Wegovy  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Wegovy Prior Authorization Form Addendum.</u>
Xifaxan	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Xifaxan 200mg • Xifaxan 550mg  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Xifaxan Prior Authorization Form Addendum.</u>
Yorvipath	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	• Yorvipath  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Yorvipath Prior Authorization Form Addendum.</u>
Zelboraf	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Zelboraf  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Zelboraf Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Zepbound Prior Authorization Form Addendum.</u>
Ztalmly	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	• Ztalmly  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Ztalmly Prior Authorization Form Addendum.</u>
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  <u>Molina Healthcare Prior Authorization Forms.</u>	<u>Zurzuvae Prior Authorization Form Addendum.</u>