

**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 • Qelbree  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<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 • Oralaïr • Palforzia • Ragwitek  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Amantadine ER Prior Authorization Form Addendum</a>
Amyotrophic 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  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<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 • Cobenfy (Xanomeline and Trospium Chloride)  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<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  <b>Molina Healthcare Prior Authorization Forms</b>	<a href="#">Arikayce Prior Authorization Form Addendum</a>

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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 • Iqirvo /Livdelzi • Livmarli  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Biliary Cholangitis Agents Prior Authorization Form Addendum</b>
Binge Eating Disorder (BED) Agents	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lisdexamfetamine • Vyvanse  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Binge Eating Disorder (BED) Agents Prior Authorization Form Addendum</b>
Brinsupri	3/3/2026	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Brinsupri  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Brinsupri Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Buprenorphine Agents Prior Authorization Form Addendum</b>
Carisoprodol-Containing Agents	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Carisoprodol • Soma  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Carisoprodol-Containing Agents Prior Authorization Form Addendum</b>
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists (Acute Treatment)	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Nurtec ODT • Ubrelvy • Zavzpret  <b>Molina Healthcare Prior Authorization Forms</b>	<b>CGRP Antagonists, Acute Prior Authorization Form Addendum</b>
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aimovig • Ajovy • Emgality • Nurtec ODT • Qulipta  <b>Molina Healthcare Prior Authorization Forms</b>	<b>CGRP Antagonists, Prophylaxis Prior Authorization Form Addendum</b>
CNP Analog Agents	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 • Yuviwel  <b>Molina Healthcare Prior Authorization Forms</b>	<b>CNP Analog Agents Prior Authorization Form Addendum</b>
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 • Sunosii • Wakix  <b>Molina Healthcare Prior Authorization Forms</b>	<b>CNS Stimulants Prior Authorization Form Addendum</b>
Colchicine Agents	1/4/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Colcrys and Mitigare (Colchicine) • Lodoco (Colchicine)  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Colchicine Prior Authorization Form Addendum</b>
Corticotrophin	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Acthar Self Ject • Acthar Gel • Cortrophin Gel  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Corticotrophin Prior Authorization Form Addendum</b>
Cortisol Receptor Antagonists	7/1/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Kortlym • Recorlev  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cortisol Receptor Antagonists</b>
Compounded Medications	3/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Compounded Medication Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Compounded Medications Prior Authorization Form Addendum</b>

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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)  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Contraceptives for CHIP Members Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cough &amp; Cold Agents Prior Authorization Form Addendum</b>
COX-2 Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Celebrex (Celecoxib) • Mobic (Meloxicam)  <b>Molina Healthcare Prior Authorization Forms</b>	<b>COX-2 Inhibitors Prior Authorization Form Addendum</b>
Cyclobenzaprine	4/17/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cyclobenzaprine • Cyclobenzaprine ER • Amrix ER  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cyclobenzaprine Prior Authorization Form Addendum</b>
Cymbalta	10/13/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cymbalta • Drizalma Sprinkle DR • Duloxetine  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cymbalta Prior Authorization Form Addendum</b>
Cystic Fibrosis Agents	7/18/2013	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Alyftrek • Kalydeco • Orkambi • Symdeko • Trikafta  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cystic Fibrosis Agents Prior Authorization Form Addendum</b>
Cytokine and CAM Antagonists	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Actemra • Tremfya • Arcalyst • Tyenne • Bimzex • Xeljanz • Cibirgo • Cimzia • Cosentyx • Enbrel  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Cytokine and CAM Antagonists Prior Authorization Form Addendum</b>
Daybue	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Daybue  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Daybue Prior Authorization Form Addendum</b>
Desmopressin	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Desmopressin - Oral • Desmopressin - Injectable • Desmopressin - Nasal  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Desmopressin Prior Authorization Form Addendum</b>
Dextromethorphan Overutilization	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Dextromethorphan Overutilization Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Dextromethorphan Overutilization Prior Authorization Form Addendum</b>
Diabetic Supplies (Medicaid and CHIP)	6/23/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diabetic Supplies (Medicaid and CHIP)  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Diabetic Supplies (Medicaid and CHIP) Prior Authorization Form Addendum</b>
Diabetic Test Strips	2/2/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diabetic Test Strips  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Diabetic Test Strips Prior Authorization Form Addendum</b>
Diclofenac Gel and Topical Solution	6/27/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diclofenac 3% Topical Gel • Diclofenac 1% Topical Gel, 1.5% Topical Solution, and 2% Topical Solution  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Diclofenac Prior Authorization Form Addendum</b>

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Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• DPP- 4 Inhibitor Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<b>DPP4 Inhibitors Prior Authorization Form Addendum</b>
Dopamine Agonists	7/1/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Apomorphine • Apokyn  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Dopamine Agonists Prior Authorization Form Addendum</b>
Doxylamine/Pyridoxine	2/12/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Bonjesta ER • Diclegia DR • Doxylamine - Pyridoxine  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Doxylamine/Pyridoxine Prior Authorization Form Addendum</b>
Duchenne Muscular Dystrophy (DMD) Agents	9/11/2025	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Agamree • Emflaza • Duvyzat  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Duchenne Muscular Dystrophy Agents Prior Authorization Form Addendum</b>
Early Refill	12/13/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Early Refill Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Early Refill Prior Authorization Form Addendum</b>
Enzymes	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aldurazyme • Ceprotin • Elaprase • Fabrazyme • Galafold • Naglazyme • Nityr / Orfadin • Revcovi • Strensiq • Vimizim  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Enzymes Prior Authorization Form Addendum</b>
Eohilia	8/22/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Eohilia  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Eohilia Prior Authorization Form Addendum</b>
Erythropoiesis-Stimulating Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aranesp • Epogen • Procrit • Retacrit • Mircera • Vafseo  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Erythropoiesis-Stimulating Agents Prior Authorization Form Addendum</b>
Evrysdi	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Evrysdi  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Evrysdi Prior Authorization Form Addendum</b>
Fecal Microbiota Transplantation (FMT) Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Vowst  <b>Molina Healthcare Prior Authorization Forms</b>	<b>FMT Agents Prior Authorization Form Addendum</b>
Fentanyl Agents	3/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Transdermal Fentanyl  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Fentanyl Agents Prior Authorization Form Addendum</b>
Filspari	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Filspari  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Filspari Prior Authorization Form Addendum</b>
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	• Forteo • Teriparatide	<b>Forteo Prior Authorization Form Addendum</b>

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			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Gabapentin Agents Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Gattex Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Gaucher's Disease Agents Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>• Amitiza</li> <li>• Ibsrela</li> <li>• Linzess</li> <li>• Lotronex</li> <li>• Motegrity</li> <li>• Movantik / Symproic</li> <li>• Relistor</li> <li>• Trulance</li> <li>• Viberzi</li> </ul>	<b><u>GI Motility Agents Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Glatiramer Acetate Injection Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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> </ul>	<b><u>GLP-1 Receptor Agonists Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Growth Hormone Agents Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Hemady Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>• Cinryze</li> <li>• Firazyr</li> <li>• Haegarda</li> <li>• Icatibant</li> <li>• Orladeyo</li> <li>• Ruconest</li> <li>• Takhzyro</li> </ul>	<b><u>HAE Agents Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
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>	<b><u>Hormonal Therapy Agents Prior Authorization Form Addendum</u></b>
			<b>Molina Healthcare Prior Authorization Forms</b>	
Hypertlipidemia 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>	<b><u>Hypertlipidemia Agents Prior Authorization Form Addendum</u></b>

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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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Imcivree Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Imiquimod Prior Authorization Form Addendum</b>
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 • Xiidra Eye Drops • Vevye Eye Drops  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Immunomodulator Agents for Dry Eye Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Increlex Prior Authorization Form Addendum</b>
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 • Tobipodhaler • Tobramycin • Tobid  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Inhaled Antibiotics Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Journavx Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Ketorolac Prior Authorization Form Addendum</b>
Keveyis	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 • Keveyis  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Keveyis Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Leukotriene Modifiers Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Lidocaine Patches Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Lupus Agents Prior Authorization Form Addendum</b>
Lyrica	6/16/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lyrica • Pregabalin • Lyrica CR • Pregabalin ER  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Lyrica Prior Authorization Form Addendum</b>

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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	• Adbry • Dupixent • Ebgllyss • Fasenra • Nucala • Tezspire • Yescarta <b>Molina Healthcare Prior Authorization Forms</b>	<b>Monoclonal Antibody Agents Prior Authorization Form Addendum</b>
Multiple Sclerosis Agents	11/11/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ampyra • Aubagio • Mavenclad • Mayzent • Ponvory • Tascenso ODT • Zeposia <b>Molina Healthcare Prior Authorization Forms</b>	<b>Multiple Sclerosis Agents Prior Authorization Form Addendum</b>
Niemann-Pick Disease Type C Agents	9/11/2025	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aqneursa • Miplyffa <b>Molina Healthcare Prior Authorization Forms</b>	<b>Niemann-Pick Disease Type C Agents Prior Authorization Form Addendum</b>
Nitazoxanide	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Nitazoxanide Tablet <b>Molina Healthcare Prior Authorization Forms</b>	<b>Nitazoxanide Prior Authorization Form Addendum</b>
Nuedexta	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Nuedexta <b>Molina Healthcare Prior Authorization Forms</b>	<b>Nuedexta Prior Authorization Form Addendum</b>
Nuplazid	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Nuplazid <b>Molina Healthcare Prior Authorization Forms</b>	<b>Nuplazid Prior Authorization Form Addendum</b>
Omega-3-Acid Fatty Acids	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Icosapent Ethyl • Lovaza • Vascepa <b>Molina Healthcare Prior Authorization Forms</b>	<b>Omega-3 Fatty Acids Prior Authorization Form Addendum</b>
Opiate/Benzodiazepine/Muscle Relaxant Combinations	2/22/2017	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Opiate/Benzodiazepine/Muscle Relaxant Combinations <b>Molina Healthcare Prior Authorization Forms</b>	<b>Opiate/Benzodiazepine/Muscle Relaxant Combinations Prior Authorization Form Addendum</b>
Opioid Policy	2/14/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Opioid Policy <b>Molina Healthcare Prior Authorization Forms</b>	<b>Opioid Policy Criteria Prior Authorization Form Addendum (Formerly MME criteria)</b>
Orilissa	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Orilissa <b>Molina Healthcare Prior Authorization Forms</b>	<b>Orilissa Prior Authorization Form Addendum</b>
Oxervate	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Oxervate <b>Molina Healthcare Prior Authorization Forms</b>	<b>Oxervate Prior Authorization Form Addendum</b>
Oxybate Products	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lumryz • Sodium Oxybate • Xyrem • Xywav <b>Molina Healthcare Prior Authorization Forms</b>	<b>Oxybate Prior Authorization Form Addendum</b>
Oxycodone Extended-Release Products	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Oxycodone ER - Low Dose • Oxycodone ER - High Dose	<b>Oxycodone Extended-Release Agents Prior Authorization Form Addendum</b>

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

			<b>Molina Healthcare Prior Authorization Forms</b>	
PDE5-Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none"> <li>• Clinical notes</li> <li>• Lab work</li> <li>• Medication history</li> </ul> Any other applicable documentation	<ul style="list-style-type: none"> <li>• Adcirca</li> <li>• Alyq</li> <li>• Revatio</li> <li>• Sildenafil</li> <li>• Tadalafil</li> <li>• Tadiq</li> </ul> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDE5-Inhibitors Prior Authorization Form Addendum</b>
PDL - 1 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
PDL - 3 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
PDL - 5 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
PDL - 6 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
PDL - 7 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
PDL - 10 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>
PDL - 14 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: <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> <b>Molina Healthcare Prior Authorization Forms</b>	<b>PDL Criteria Guide</b>

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

PDL - 30 Day Criteria	2/1/2018	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 Rinvoq)</li> <li>• Cytokine and CAM Antagonists, Rinvoq</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	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"> <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> Molina Healthcare Prior Authorization Forms	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"> <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> Molina Healthcare Prior Authorization Forms	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"> <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> Molina Healthcare Prior Authorization Forms	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"> <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> Molina Healthcare Prior Authorization Forms	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"> <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> Molina Healthcare Prior Authorization Forms	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"> <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> Molina Healthcare Prior Authorization Forms	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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Injectable PH Agents • Oral/Inhaled PH Agents  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Pulmonary Hypertension Agents Prior Authorization Form Addendum</b>
Pulmozyme	4/19/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Pulmozyme  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Pulmozyme Prior Authorization Form Addendum</b>
Ranexa	6/1/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Ranolazine ER  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Ranexa Prior Authorization Form Addendum</b>
Recurrent Vulvovaginal Candidiasis (RVVC) Agents	11/25/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Vivjoa  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Recurrent Vulvovaginal Candidiasis (RVVC) Agents Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Retrospective DUR Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Rezurock prior Authorization Form Addendum</b>
Rhapsido	3/3/2026	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Rhapsido  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Rhapsido Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Savella Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>SGLT2 Agents Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Skyclarys Prior Authorization Form Addendum</b>
Sphingosine 1-phosphate (S1P) Receptor Modulators	6/5/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Velsipity  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Sphingosine 1-Phosphate (S1P) Receptors Modulators</b>
Symlin	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Symlinpen  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Symlin Prior Authorization Form Addendum</b>
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  <b>Molina Healthcare Prior Authorization Forms</b>	<b>Synagis Prior Authorization Form Addendum</b>

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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	<ul style="list-style-type: none"> <li>• Actoplus Met</li> <li>• Pioglitazone - Metformin</li> <li>• Actos</li> <li>• Duetact</li> <li>• Pioglitazone</li> <li>• Pioglitazone - Glimepiride</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Thiazolidinediones Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Topical Acne Agents</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Topical Acne Agents Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Ciclopirox</li> <li>• Jublia</li> <li>• Tavaborole</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Topical Antifungals for Onychomycosis Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Elidel and Tacrolimus 0.03%</li> <li>• Tacrolimus 0.1% Ointment</li> <li>• Eucrisa 2% Ointment</li> <li>• Anzupgo 2% Cream / Opzelura 1.5% Cream</li> <li>• Zoryve 0.3% and 0.15% Cream</li> <li>• Zoryve (Roflumilast) 0.3% Foam</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Topical Immunomodulators Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Topical Retinoid Agents</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Topical Retinoids Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Attruby</li> <li>• Vyndamax / Vydanqel</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Transthyretin Agents Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Urea Cycle Disorder Agents</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Urea Cycle Disorder Agents Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Vitamins and Minerals</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Vitamins/Minerals Prior Authorization Form Addendum</b>
Vasomotor Symptoms 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>• Vasomotor Symptoms Agents</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Vasomotor Symptoms Agents Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Austedo</li> <li>• Xenazine</li> <li>• Ingrezza</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>VMAT2 Inhibitors Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Wegovy</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Wegovy Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Xifaxan 200mg</li> <li>• Xifaxan 550mg</li> </ul> <p><b>Molina Healthcare Prior Authorization Forms</b></p>	<b>Xifaxan Prior Authorization Form Addendum</b>
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	<ul style="list-style-type: none"> <li>• Yorvipath</li> </ul>	<b>Yorvipath Prior Authorization Form Addendum</b>

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