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 **Molina Healthcare Prior Authorization Forms**	**ADD/ADHD Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Aliskiren Containing Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Allergen Extracts Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Amantadine ER Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Androgenic Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Antiemetic Agents Prior Authorization Form Addendum**
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) **Molina Healthcare Prior Authorization Forms**	**Antipsychotic Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Antiseizure Agents Prior Authorization Form Addendum**
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	**Anxiolytics:** • Alprazolam • Chlordiazepoxide, Meprobamate & Oxazepam • Clonazepam & Diazepam • Clorazepate • Lorazepam **Sedatives/Hypnotics:** • Adults • Flurazepam • Ramelteon • Hetlioz **Molina Healthcare Prior Authorization Forms**	**Anxiolytics and Sedative - Hypnotics Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Appetite Suppressant Agents**
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 **Molina Healthcare Prior Authorization Forms**	**Arikayce Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Biliary Cholangitis Agents Prior Authorization Form Addendum**

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 **Molina Healthcare Prior Authorization Forms**	**Binge Eating Disorder (BED) Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Brinsupri Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Buprenorphine Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**CGRP Antagonists, Acute Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**CGRP Antagonists, Prophylaxis Prior Authorization Form Addendum**
Carisoprodol	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 **Molina Healthcare Prior Authorization Forms**	**Carisoprodol Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**CNP Analog Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**CNS Stimulants Prior Authorization Form Addendum**
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) **Molina Healthcare Prior Authorization Forms**	**Colchicine Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Corticotrophin Prior Authorization Form Addendum**
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	• Korlym • Recorlev **Molina Healthcare Prior Authorization Forms**	**Cortisol Receptor Antagonists**
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 **Molina Healthcare Prior Authorization Forms**	**Compounded Medications Prior Authorization Form Addendum**
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) **Molina Healthcare Prior Authorization Forms**	**Contraceptives for CHIP Members Prior Authorization Form Addendum**

Texas Medicaid/CHIP Prior Authorization Criteria Information

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 **Molina Healthcare Prior Authorization Forms**	**Cough & Cold Agents Prior Authorization Form Addendum**
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) **Molina Healthcare Prior Authorization Forms**	**COX-2 Inhibitors Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Cyclobenzaprine Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Cymbalta Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Cystic Fibrosis Agents Prior Authorization Form Addendum**
Cytokine and CAM Antagonists	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Actemra • Tremfya • Arcalyst • Tyenne • Bimzelx • Xeljanz • Cibinqo • Cimzia • Cosentyx • Enbrel • Enspryng • Entyvio SC • Humira and Biosimilar Agents • Ilaris • Ilumya • Kevzara • Kineret • Litfulo •Olumiant •Omvoh •Orencia •Otezla • Rinvoq • Siliq • Simponi • Skyrizi • Sotyktu • Spevigo • Stelara and Biosimilar Agents • Taltz **Molina Healthcare Prior Authorization Forms**	**Cytokine and CAM Antagonists Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Daybue Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Desmopressin Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Dextromethorphan Overutilization Prior Authorization Form Addendum**
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) **Molina Healthcare Prior Authorization Forms**	**Diabetic Supplies (Medicaid and CHIP) Prior Authorization Form Addendum**

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 **Molina Healthcare Prior Authorization Forms**	**Diabetic Test Strips Prior Authorization Form Addendum**
Diclofenac Topical Agents	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 **Molina Healthcare Prior Authorization Forms**	**Diclofenac Topical Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**DPP4 Inhibitors Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Dopamine Agonists Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Doxylamine/Pyridoxine Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Duchenne Muscular Dystrophy Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Early Refill Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Enzymes Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Eohilia Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Erythropoiesis-Stimulating Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Evrysdi Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**FMT Agents Prior Authorization Form Addendum**

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 **Molina Healthcare Prior Authorization Forms**	**Fentanyl Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Filspari Prior Authorization Form Addendum**
Gabapentin Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Gabapentin • Neurontin • Gabapentin Extended Release • Gralise ER • Horizant ER **Molina Healthcare Prior Authorization Forms**	**Gabapentin Agents Prior Authorization Form Addendum**
Gattex	6/6/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Gattex **Molina Healthcare Prior Authorization Forms**	**Gattex Prior Authorization Form Addendum**
Gaucher's Disease Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cerdelga • Cerezyme • Elelyso • Miglustat • Vpriv • Zavesca **Molina Healthcare Prior Authorization Forms**	**Gaucher's Disease Agents Prior Authorization Form Addendum**
GI Motility Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Amitiza • Ibsrela • Linzess • Lotronex • Motegrity • Movantik / Symproic • Relistor • Trulance • Viberzi **Molina Healthcare Prior Authorization Forms**	**GI Motility Agents Prior Authorization Form Addendum**
Glatiramer Acetate Injection	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Copaxone Injection kit • Copaxone Syringe • Glatiramer Syringe • Glatopa Syringe **Molina Healthcare Prior Authorization Forms**	**Glatiramer Acetate Injection Prior Authorization Form Addendum**
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Oriahnn • Myfembree **Molina Healthcare Prior Authorization Forms**	**Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists Prior Authorization Form Addendum**
Growth Hormones	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Growth Hormone Agents - Excluding Serostim/ Sogroya • Serostim **Molina Healthcare Prior Authorization Forms**	**Growth Hormone Agents Prior Authorization Form Addendum**
Hemady	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Hemady **Molina Healthcare Prior Authorization Forms**	**Hemady Prior Authorization Form Addendum**
Hereditary Angioedema (HAE) Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Berinert • Cinryze • Firazyr • Haegarda • Icatibant • Orladeyo • Ruconest • Takhzyro **Molina Healthcare Prior Authorization Forms**	**HAE Agents Prior Authorization Form Addendum**
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	• Hormonal Therapy Agents **Molina Healthcare Prior Authorization Forms**	**Hormonal Therapy Agents Prior Authorization Form Addendum**

Hyperlipidemia Agents	12/15/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Juxtapid • Praluent • Repatha • Lerochol • Nexletol • Nexlizet **Molina Healthcare Prior Authorization Forms**	**Hyperlipidemia Agents Prior Authorization Form Addendum**
Hypoglycemics - GLP-1 Receptor Agonists	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Bydureon BCISE • Byetta • Mounjaro • Ozempic • Rybelsus • Soliqua • Trulicity • Victoza • Xultophy **Molina Healthcare Prior Authorization Forms**	**Hypoglycemics - GLP-1 Receptor Agonists Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Imcivree Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Imiquimod Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Immunomodulator Agents for Dry Eye Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Increlex Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Inhaled Antibiotics Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Journavx Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Ketorolac Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Keveyis Prior Authorization Form Addendum**
Lasix ONYU	4/24/2026	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lasix ONYU (Furosemide Injection) **Molina Healthcare Prior Authorization Forms**	**Lasix ONYU Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Leukotriene Modifiers Prior Authorization Form Addendum**

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	• Dermacinrx Lidocan • Lidocaine Patch • Lidocan II, III, IV, V Patch • Lidoderm Patch • Tridacaine Patch • Tridacaine II, III, XL Patch • Ztlido Topical Patch **Molina Healthcare Prior Authorization Forms**	**Lidocaine Patches Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Lupus Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Lyrica Prior Authorization Form Addendum**
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 • Ebglyss • Fasenra • Nucala • Tezspire • Xolair **Molina Healthcare Prior Authorization Forms**	**Monoclonal Antibody Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Multiple Sclerosis Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Niemann-Pick Disease Type C Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Nitazoxanide Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Nuedexta Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Nuplazid Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Omega-3 Fatty Acids Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Opiate/Benzodiazepine/Muscle Relaxant Combinations Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Opioid Policy Criteria Prior Authorization Form Addendum (Formerly MME criteria)**

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 **Molina Healthcare Prior Authorization Forms**	**Orilissa Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Oxervate Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Oxybate Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Oxycodone Extended-Release Agents Prior Authorization Form Addendum**
PDE5-Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Adcirca • Alyq • Revatio • Sildenafil • Tadalafil • Tadliq **Molina Healthcare Prior Authorization Forms**	**PDE5-Inhibitors Prior Authorization Form Addendum**
PDL - 1 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Antiparasitics, Topical • Epinephrine • Glucagon Agents • Hereditary Angioedema (HAE) Treatments **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**
PDL - 3 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Antimigraine Agents, Triptans • Antiemetic-Antivertigo Agents, Oral • Cough and Cold Non-Antitussive • Cough and Cold, Narcotic • Cough and Cold, Non-Narcotic **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**
PDL - 5 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Antibiotics, Topical • Antibiotics, Vaginal • Cephalosporins and Related Antibiotics, Oral • Fluoroquinolones, Oral • Ophthalmics, Antibiotic -Steroid Combinations • Ophthalmics, Antibiotic • Ophthalmics, Allergic Conjunctivitis • Ophthalmics, Anti-Inflammatories • Otic Antibiotics • Penicillins • Tetracyclines **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**
PDL - 6 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Analgesics, Narcotic – Long Acting • Analgesics, Narcotic – Short Acting **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**
PDL - 7 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Anticoagulants • Antifungals, Topical • H. Pylori Treatment • Otic Anti-Infectives/Anesthetics • Steroids, Topical **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**
PDL - 10 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Antibiotics, GI • Antibiotics, Inhaled • Glucocorticoids, Oral • Neuropathic Pain • Non-Narcotic Analgesics **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**

PDL - 14 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Angiotensin Modulators • Angiotensin Modulator Combinations • Antidepressants, Other/SSRI/Tricyclic • Antifungals, Oral • Antihypertensives, Sympatholytics • Antiparkinson's Agents • Antipsychotics • Antipsychotics, LongActing Injectables • Beta Blockers, Oral • Bronchodilators, Beta Agonist • Calcium Channel Blockers • COPD Agents • Hypoglycemics, Incretin Mimetics/Enhancers • Hypoglycemics, SGLT2 Inhibitors • Immune Globulins • Lincosamides/Oxazolidinones/Streptogramins • PAH Agents • Sedatives and Hypnotics **Molina Healthcare Prior Authorization Forms**	**PDL Criteria Guide**
PDL - 30 Day Criteria	2/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Acne Agents, Oral • Acne Agents, Topical • Alzheimer's Agents • Androgenic Agents, Topical • Anti-Allergens, Oral • Antihistamines, First Generation • Antihistamines, Minimally Sedating • Antihyperuricemics • Antimigraine Agents, NonTriptans • Antivirals, Oral/Nasal • Antivirals, Topical • Anxiolytics • Bile Salts • Bladder Relaxant Preparations • Bone Resorption Suppression and Related Agents • BPH Agents • Colony Stimulating Factors • Cytokine and CAM Antagonists (Excluding Rinvoq) • Cytokine and CAM Antagonists, Rinvoq • DMD Agents • Erythropoiesis Stimulating Proteins • GI Motility, Chronic • Glucocorticoids, Inhaled • Growth Hormone • Hepatitis C Agents • Hypoglycemics, Insulin • Hypoglycemics, Meglitinides • Hypoglycemics, Metformin • Hypoglycemics, TZD • Immunomodulators, Asthma **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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Immunomodulators, Atopic Dermatitis (Excluding Dupixent) • Immunosuppressives • Intranasal Rhinitis Agents • Iron, Oral • Leukotriene Modifiers • Lipotropics, Other • Movement Disorders • Ophthalmics, Anti-Inflammatory/Immunomodulators • Ophthalmics, Glaucoma Agents • Pancreatic Enzymes • Pediatric Vitamin Preparations • Phosphate Binders • Platelet Aggregation Inhibitors • Potassium Binders • Prenatal Vitamins • Progestins for Cachexia • Rosacea Agents, Topical • Skeletal Muscle Relaxants and Related Agents • Smoking Cessation • Stimulants and Related Agents •Stomach Acid Reducers and Related • Thrombopoiesis Stimulating Proteins • Transthyretin Related Amyloidosis • Ulcerative Colitis Agents • Uterine Disorder Treatments • Urea Cycle Disorders **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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Lipotropics, Statins **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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Auryxia •Calcium Acetate • Fosrenol • Lanthanum • Renvela • Sevelamer • Velphoro **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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Promethazine Containing Products **Molina Healthcare Prior Authorization Forms**	**Promethazine Agents Prior Authorization Form Addendum**

Propylthiouracil	10/22/2013	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Propylthiouracil **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: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Proton Pump Inhibitor Agents **Molina Healthcare Prior Authorization Forms**	**Proton Pump Inhibitors Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Pulmonary Hypertension Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Pulmozyme Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Ranexa Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Recurrent Vulvovaginal Candidiasis (RVVC) Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Retrospective DUR Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Rezurock prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Rhapsido Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Savella Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**SGLT2 Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Skyclarys Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Sphingosine 1-Phosphate (S1P) Receptors Modulators**

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 **Molina Healthcare Prior Authorization Forms**	**Symlin Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Synagis Prior Authorization Form Addendum**
Teriparatide	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 **Molina Healthcare Prior Authorization Forms**	**Teriparatide Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Thiazolidinediones Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Topical Acne Agents Prior Authorization Form Addendum**
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 • Tavaborole **Molina Healthcare Prior Authorization Forms**	**Topical Antifungals for Onychomycosis Prior Authorization Form Addendum**
Topical Immunomodulators	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Elidel and Tacrolimus 0.03% • Tacrolimus 0.1% Ointment • Eucrisa 2% Ointment • Anzupgo 2% Cream / Opzelura 1.5% Cream • Zoryve 0.3% and 0.15% Cream • Zoryve (Roflumilast) 0.3% Foam **Molina Healthcare Prior Authorization Forms**	**Topical Immunomodulators Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Topical Retinoids Prior Authorization Form Addendum**
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 • Wainua **Molina Healthcare Prior Authorization Forms**	**Transthyretin Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Urea Cycle Disorder Agents Prior Authorization Form Addendum**
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	• Vasomotor Symptoms Agents **Molina Healthcare Prior Authorization Forms**	**Vasomotor Symptoms Agents Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**VMAT2 Inhibitors Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Vitamins/Minerals Prior Authorization Form Addendum**

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 **Molina Healthcare Prior Authorization Forms**	**Wegovy Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Xifaxan Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Yorvipath Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Zelboraf Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Zepbound Prior Authorization Form Addendum**
Ztalmy	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	• Ztalmy **Molina Healthcare Prior Authorization Forms**	**Ztalmy Prior Authorization Form Addendum**
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 **Molina Healthcare Prior Authorization Forms**	**Zurzuvae Prior Authorization Form Addendum**