

Texas Medicaid/CHIP Prior Authorization Criteria Information

Drug Class/PA Criteria Name	Effective Date	Documentation Requirement	Clinical Criteria Utilized	Link to Criteria Logic
ADD/ADHD Agents	11/4/2014	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• ER Formulations• IR Formulations• Atomoxetine• Guanfacine ER• Intuniv ER• Strattera• 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• 150mg Aliskiren-Containing Agents• 300mg Aliskiren-Containing Agents 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Grastek (Timothy Grass Pollen Allergen Extract)• Odactra (House Dust Mite Allergen Extract)• Oralair (Mixed Grass Pollens Allergen Extract)• Palforzia (Peanut Allergen Powder)• Ragwitek (Short Ragweed Pollen Allergen Extract) 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Amantadine Extended-Release Agents Molina Healthcare Prior Authorization Forms	Amantadine ER Prior Authorization Form Addendum
Amyotrophic Lateral Sclerosis (ALS) Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Relyvrio (Sodium phenylbutyrate/Taurusodiol) Molina Healthcare Prior Authorization Forms	ALS Agents Prior Authorization Form Addendum
Androgenic Agents	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Androgenic Agents 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Antiemetics Molina Healthcare Prior Authorization Forms	Antiemetic Agents Prior Authorization Form Addendum
Antifungal Agents, Topical	1/16/2022	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Topical Antifungals for Onychomycosis Molina Healthcare Prior Authorization Forms	Antifungal Agents Prior Authorization Form Addendum
Antipsychotics	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• First and Second-Generation Antipsychotics 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Diacomit (Stiripentol)• Epidiolex (Cannabidiol)• Fintepla (Fenfluramine) 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	Anxiolytics: <ul style="list-style-type: none">• Alprazolam• Chlordiazepoxide, Meprobamate & Oxazepam• Clonazepam & Diazepam• Clorazepate• Lorazepam Sedatives/Hypnotics: <ul style="list-style-type: none">• Adulfts• Flurazepam• Ramelteon• Tasimelteon 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: <ul style="list-style-type: none">• Clinical notes• Lab work• Medication history Any other applicable documentation	<ul style="list-style-type: none">• Adipex-P• Lomaira• Phendimetrazine• Phentermine Molina Healthcare Prior Authorization Forms	Appetite Suppressant Agents

Texas Medicaid/CHIP Prior Authorization Criteria Information

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 (Amikacin) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Arikayce Prior Authorization Form Addendum</u>
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 (Odevixibat) • Livmarli (Maralixibat) • Iqirvo (Elafibranor)/Livdelzi (Seladelpar) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Biliary Cholangitis Agents Prior Authorization Form Addendum</u>
Binge Eating Disorder (BED) Agents	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Vyvanse (lisdexamfetamine) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Binge Eating Disorder (BED) Agents Prior Authorization Form Addendum</u>
Buprenorphine Agents	1/15/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Buprenorphine/Naloxone • Buprenorphine Oral/Sublingual <u>Molina Healthcare Prior Authorization Forms</u>	<u>Buprenorphine Agents Prior Authorization Form Addendum</u>
Carisoprodol-Containing Agents	3/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Carisoprodol <u>Molina Healthcare Prior Authorization Forms</u>	<u>Carisoprodol-Containing Agents Prior Authorization Form Addendum</u>
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists (Acute Treatment)	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Nurtec ODT (Rimegepant) • Ubrelvy (Ubrogepant) • Zavzpret (Zavegepant) <u>Molina Healthcare Prior Authorization Forms</u>	<u>CGRP Antagonists, Acute Prior Authorization Form Addendum</u>
Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aimovig • Ajovy • Emgality • Nurtec ODT • Qulipta <u>Molina Healthcare Prior Authorization Forms</u>	<u>CGRP Antagonists, Prophylaxis (Pending Implementation) (Revised August 31, 2024)*</u>
CNS Stimulants	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Provigil (Modafinil) • Nuvigil (Armodafinil) • Sunosi (Solriamfetol) • Wakix (Pitolisant) <u>Molina Healthcare Prior Authorization Forms</u>	<u>CNS Stimulants Prior Authorization Form Addendum</u>
Colchicine Agents	1/4/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Colcrys and Mitigare (Colchicine) • Lodoco (Colchicine) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Colchicine Prior Authorization Form Addendum</u>
Corticotrophin	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Acthar Gel <u>Molina Healthcare Prior Authorization Forms</u>	<u>Corticotrophin Prior Authorization Form Addendum</u>
Cortisol Receptor Antagonists	7/1/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Koriym (Mifepristone) • Recorlev (Levoketoconazole) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Cortisol Receptor Antagonists</u>
Compounded Medications	3/1/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Compounded Medications <u>Molina Healthcare Prior Authorization Forms</u>	<u>Compounded Medications Prior Authorization Form Addendum</u>
Contraceptives (CHIP)	2/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Contraceptives (CHIP) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Contraceptives for CHIP Members Prior Authorization Form Addendum</u>

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	<ul style="list-style-type: none"> • Ages 2-4 • Ages 2-6 • Ages 2-10 • Ages 2-12 • Products Containing Opioids • Products Containing Acetaminophen or Ibuprofen <u>Molina Healthcare Prior Authorization Forms</u>	<u>Cough & Cold Agents Prior Authorization Form Addendum</u>
COX-2 Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Celebrex • Meloxicam <u>Molina Healthcare Prior Authorization Forms</u>	<u>COX-2 Inhibitors Prior Authorization Form Addendum</u>
Cyclobenzaprine	4/17/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Cyclobenzaprine <u>Molina Healthcare Prior Authorization Forms</u>	<u>Cyclobenzaprine Prior Authorization Form Addendum</u>
Cymbalta	10/13/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Cymbalta (Duloxetine) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Cymbalta Prior Authorization Form Addendum</u>
Cystic Fibrosis Agents	7/18/2013	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Kalydeco (Ivacaftor) • Orkambi (Lumacaftor/Ivacaftor) • Symdeko (Tezacaftor/Ivacaftor/Ivacaftor) • Trikafta (Elexacaftor/Tezacaftor/Ivacaftor) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Cystic Fibrosis Agents Prior Authorization Form Addendum</u>
Cytokine and CAM Antagonists	11/25/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Actemra • Arcalyst • Bimzelx • Cibinqo • Cimzia • Cosentyx • Enbrel • Enspryng • Entyvio SC • Humira • Ilaris • Ilumya • Kevzara • Kineret • Litfulo • Olumiant • Omvoh • Orenzia • Otezla • Rinvoq • Siltiq • Simponi • Skyrizi • Sotyktu • Spevigo • Stelara • Taltz • Tynne • Xeljanz <u>Molina Healthcare Prior Authorization Forms</u>	<u>Cytokine and CAM Antagonists Prior Authorization Form Addendum</u>
Daybue	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Daybue (Trofinetide) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Daybue Prior Authorization Form Addendum</u>
Desmopressin	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Desmopressin - Oral • Desmopressin - Injectable <u>Molina Healthcare Prior Authorization Forms</u>	<u>Desmopressin Prior Authorization Form Addendum</u>
Dextromethorphan Overutilization	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Dextromethorphan Overutilization <u>Molina Healthcare Prior Authorization Forms</u>	<u>Dextromethorphan Overutilization Prior Authorization Form Addendum</u>
Diabetic Supplies (Medicaid and CHIP)	6/23/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Diabetic Supplies (Medicaid and CHIP) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Diabetic Supplies (Medicaid and CHIP) Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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 <u>Molina Healthcare Prior Authorization Forms</u>	<u>Diabetic Test Strips Prior Authorization Form Addendum</u>
Diclofenac Gel and Topical Solution	6/27/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Diclofenac 3% Topical Gel • Diclofenac 1%, 1.5%, and 2% Topical Solution <u>Molina Healthcare Prior Authorization Forms</u>	<u>Diclofenac Prior Authorization Form Addendum</u>
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• DPP- 4 Inhibitors <u>Molina Healthcare Prior Authorization Forms</u>	<u>DPP4 Inhibitors Prior Authorization Form Addendum</u>
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	• Dopamine Agonists <u>Molina Healthcare Prior Authorization Forms</u>	<u>Dopamine Agonists Prior Authorization Form Addendum</u>
Doxylamine/Pyridoxine	2/12/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Bonjesta ER • Diclegia DR • Doxylamine - Pyridoxine <u>Molina Healthcare Prior Authorization Forms</u>	<u>Doxylamine/Pyridoxine Prior Authorization Form Addendum</u>
Emflaza	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	• Emflaza (deflazacort) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Emflaza Prior Authorization Form Addendum</u>
Enzymes	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aldurazyme • Ceprotin • Elaprase • Fabrazyme • Galafold • Naglazyme • Nityr / Orfadin • Revcovi • Strensiq • Vimizim <u>Molina Healthcare Prior Authorization Forms</u>	<u>Enzymes Prior Authorization Form Addendum</u>
Eohilia	8/22/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Eohilia (Budesonide oral suspension) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Eohilia Prior Authorization Form Addendum</u>
Erythropoiesis-Stimulating Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Aranesp • Epogen • Procrit • Retacrit • Mircera • Reblozy • Vafseo <u>Molina Healthcare Prior Authorization Forms</u>	<u>Erythropoiesis-Stimulating Agents Prior Authorization Form Addendum</u>
Evrysdi	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Evrysdi (Risdiplam) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Evrysdi Prior Authorization Form Addendum</u>
Fecal Microbiota Transplantation (FMT) Agents	9/8/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Vowst (Fecal microbiota spores, live-brpk) <u>Molina Healthcare Prior Authorization Forms</u>	<u>FMT Agents Prior Authorization Form Addendum</u>
Fentanyl Agents	3/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Transdermal Fentanyl • Fentora (Buccal Fentanyl) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Fentanyl Agents Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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 (Sparsentan) Molina Healthcare Prior Authorization Forms	<u>Filspari Prior Authorization Form Addendum</u>
Forte	3/21/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Forte (Teriparatide) Molina Healthcare Prior Authorization Forms	<u>Forteo Prior Authorization Form Addendum</u>
Gabapentin Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Neurontin (gabapentin) • Gralise (gabapentin Extended Release) • Horizant (gabapentin enacarbil) Molina Healthcare Prior Authorization Forms	<u>Gabapentin Agents Prior Authorization Form Addendum</u>
Gattex	6/6/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Gattex (teduglutide) Molina Healthcare Prior Authorization Forms	<u>Gattex Prior Authorization Form Addendum</u>
Gaucher's Disease Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Cerdelga • Cerezyme • Miglustat • Vpriv • Zavesca Molina Healthcare Prior Authorization Forms	<u>Gaucher's Disease Agents Prior Authorization Form Addendum</u>
GI Motility Agents	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Amitiza (Lubiprostone) • Ibsrela (Tenapanor) • Linzess (Linaclotide) • Lotronex (Alosetron) • Motegrity (Prucalopride) • Movantik (Naloxegol) / Symproic (Naldemedine) • Relistor (Methylnaltrexone) • Trulance (Plecanatide) • Viberzi (Eluxadoline) Molina Healthcare Prior Authorization Forms	<u>GI Motility Agents Prior Authorization Form Addendum</u>
Glatiramer Acetate Injection	1/29/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Glatiramer Molina Healthcare Prior Authorization Forms	<u>Glatiramer Acetate Injection Prior Authorization Form Addendum</u>
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Bydureon BCISE • Byetta • Mounjaro • Ozempic • Rybelsus • Soliqua • Trulicity • Victoza • Xultophy Molina Healthcare Prior Authorization Forms	<u>GLP-1 Receptor Agonists Prior Authorization Form Addendum</u>
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists	1/6/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Oriahnn • Myfembree Molina Healthcare Prior Authorization Forms	<u>Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists Prior Authorization Form Addendum</u>
Growth Hormones	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Growth Hormone Agents (Genotropin, Humatrope, Ngenla, Norditropin, Nutropin, Omnitrope, Saizen) • Serostim • Zorbtive Molina Healthcare Prior Authorization Forms	<u>Growth Hormone Agents Prior Authorization Form Addendum</u>
Hemady	5/14/2021	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Hemady (dexamethasone) Molina Healthcare Prior Authorization Forms	<u>Hemady Prior Authorization Form Addendum</u>
Hereditary Angioedema (HAE) Agents	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Berinert • Cinryze • Firazyr • Haegarda • Icatibant • Kalbitor • Orladeyo • Ruconest • Takhzyro Molina Healthcare Prior Authorization Forms	<u>HAE Agents Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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"> • Hormonal Therapy Agents <p>Molina Healthcare Prior Authorization Forms</p>	<u>Hormonal Therapy Agents Prior Authorization Form Addendum</u>
Hyperlipidemia Agents	12/15/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Juxtapid (Lomitapide) • Praluent (Alirocumab) • Repatha (Evolocumab) <p>Molina Healthcare Prior Authorization Forms</p>	<u>Hyperlipidemia Agents Prior Authorization Form Addendum</u>
Imcivree	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Imcivree (Setmelanotide) <p>Molina Healthcare Prior Authorization Forms</p>	<u>Imcivree Prior Authorization Form Addendum</u>
Imiquimod	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Imiquimod 5% Cream • Zyclara 3.75% Cream <p>Molina Healthcare Prior Authorization Forms</p>	<u>Imiquimod Prior Authorization Form Addendum</u>
Immunomodulator Agents for Dry Eye	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Eysuvis Eye Drops • Restasis Multidose • Restasis Eye Emulsion • Tyrvaya Nasal Spray • Xiidra Eye Drops • Vevye Eye Drops <p>Molina Healthcare Prior Authorization Forms</p>	<u>Immunomodulator Agents for Dry Eye Prior Authorization Form Addendum</u>
Increlex	4/18/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Increlex (Mecasermin) <p>Molina Healthcare Prior Authorization Forms</p>	<u>Increlex Prior Authorization Form Addendum</u>
Inhaled Antibiotics	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Bethkis • Cayston • Kitabis • Tobi Podhaler • Tobramycin • Tobi <p>Molina Healthcare Prior Authorization Forms</p>	<u>Inhaled Antibiotics Prior Authorization Form Addendum</u>
Ketorolac	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Ketorolac – Oral • Ketorolac – Injectable/Nasal <p>Molina Healthcare Prior Authorization Forms</p>	<u>Ketorolac Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Keveyis (Dichlorphenamide) <p>Molina Healthcare Prior Authorization Forms</p>	<u>Keveyis Prior Authorization Form Addendum</u>
Leukotriene Modifiers	7/31/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Montelukast • Zafirlukast • Zileuton <p>Molina Healthcare Prior Authorization Forms</p>	<u>Leukotriene Modifiers Prior Authorization Form Addendum</u>
Lidocaine Patches	2/1/2015	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Lidocaine Patch • Lidoderm Patch • Ztldo Topical Patch <p>Molina Healthcare Prior Authorization Forms</p>	<u>Lidocaine Patches Prior Authorization Form Addendum</u>
Lupus Agents	1/27/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Benlysta (belimumab) • Lupkynis (voclosporin) <p>Molina Healthcare Prior Authorization Forms</p>	<u>Lupus Agents Prior Authorization Form Addendum</u>
Lyrica	6/16/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Lyrica (Pregabalin) • Lyrica CR (Pregabalin ER) <p>Molina Healthcare Prior Authorization Forms</p>	<u>Lyrica Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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	<ul style="list-style-type: none"> • Adbry (Tralokinumab-ldm) • Dupixent (Dupilumab) • Fasenra (Benralizumab) • Nucala (Mepolizumab) • Tezspire (Tezepelumab-ekko) • Xolair (Omalizumab) Molina Healthcare Prior Authorization Forms	<u>Monoclonal Antibody Agents Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Ampyra (Dalfampridine) • Aubagio (Teriflunomide) • Mavenclad (Cladribine) • Mayzent (Siponimod) • Ponvory (Ponesimod) • Tasenso ODT (Fingolimod) • Zeposia (Ozanimod) Molina Healthcare Prior Authorization Forms	<u>Multiple Sclerosis Agents Prior Authorization Form Addendum</u>
Nitazoxanide	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Nitazoxanide tablets Molina Healthcare Prior Authorization Forms	<u>Nitazoxanide Prior Authorization Form Addendum</u>
Nuedexta	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Nuedexta (Dextromethorphan/Quinidine) Molina Healthcare Prior Authorization Forms	<u>Nuedexta Prior Authorization Form Addendum</u>
Nuplazid	4/10/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Nuplazid (pimavanserin) Molina Healthcare Prior Authorization Forms	<u>Nuplazid Prior Authorization Form Addendum</u>
Omega-3-Acid Fatty Acids	7/25/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Icosapent Ethyl • Lovaza • Vascepa Molina Healthcare Prior Authorization Forms	<u>Omega-3 Fatty Acids Prior Authorization Form Addendum</u>
Opiate/Benzodiazepine/Muscle Relaxant Combinations	2/22/2017	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Opiate/Benzodiazepine/Muscle Relaxant Combinations Molina Healthcare Prior Authorization Forms	<u>Opiate/Benzodiazepine/Muscle Relaxant Combinations Prior Authorization Form Addendum</u>
Opioid Policy	2/14/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Opioid Policy Molina Healthcare Prior Authorization Forms	<u>Opioid Policy Criteria Prior Authorization Form Addendum (Formerly MME criteria)</u>
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	<ul style="list-style-type: none"> • Orilissa (Elagolix) Molina Healthcare Prior Authorization Forms	<u>Orilissa Prior Authorization Form Addendum</u>
Oxervate	9/10/2020	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Oxervate (cenegermin-bkbj) Molina Healthcare Prior Authorization Forms	<u>Oxervate Prior Authorization Form Addendum</u>
Oxybate Products	5/1/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Lumryz • Sodium Oxybate • Xyrem • Xywav Molina Healthcare Prior Authorization Forms	<u>Oxybate Prior Authorization Form Addendum</u>
Oxycodone Extended-Release Products	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Oxycodone ER - Low Dose • Oxycodone ER - High Dose Molina Healthcare Prior Authorization Forms	<u>Oxycodone Extended-Release Agents Prior Authorization Form Addendum</u>
Palforzia	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"> • Palforzia (Peanut Allergen Powder) Molina Healthcare Prior Authorization Forms	<u>Palforzia Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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	<ul style="list-style-type: none"> • Adcirca • Alyq • Revatio • Sildenafil • Tadalafil • Tadliq Molina Healthcare Prior Authorization Forms	<u>PDE5-Inhibitors Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Antiparasitics, Topical • Epinephrine, Self-Injected • Glucagon Agents • Hereditary Angioedema Agents Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Antimigraine Agents, Triptans • Antiemetic-Antivertigo Agents, Oral • Cough and Cold Non-Antitussive • Cough and Cold Narcotic Antitussive • Cough and Cold Non-Narcotic Antitussive Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Antibiotics, Topical • Antibiotics, Vaginal • Cephalosporins and Related Antibiotics, Oral • Fluoroquinolones, Oral • Ophthalmics, Allergic Conjunctivitis • Ophthalmics, Antibiotic Steroid Combinations • Ophthalmic and Otic Antibiotics • Ophthalmics, Anti-Inflammatories • Penicillins • Tetracyclines Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Analgesics, Narcotic – Long Acting • Analgesics, Narcotic – Short Acting Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Anticoagulants • Antifungals, Topical • H. Pylori Treatment • Macrolides/Ketolides • Otic Anti-Infectives/Anesthetics • Steroids, Topical Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Antibiotics, GI • Antibiotics, Inhaled • Glucocorticoids, Oral • Neuropathic Pain • NSAIDS Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Angiotensin Modulators • Angiotensin Modulator Combinations • Angiotensin Modulators • Antidepressants, Other/SSRI/Tricyclic • Antifungals, Oral • Antihypertensives, Sympatholytics • Antiparkinson's Agents • Antipsychotics • Antipsychotics, Long Acting Injectables • Beta Blockers • Bronchodilators, Beta Agonist • Calcium Channel Blockers (Oral) • COPD Agents • Hypoglycemics, Incretin Mimetics/Enhancers • Hypoglycemics, SGLT2 Inhibitors • Immune Globulins • Lincosamides/Oxazolidinones/Streptogramins • PAH Agents, Oral • Sedatives and Hypnotics Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>

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: • Clinical notes • Lab work • Medication history Any other applicable documentation	<ul style="list-style-type: none"> • Acne Agents, Oral • Acne Agents, Topical • Alzheimer's Agents • Androgenic Agents, Topical • Anti-Allergens, Oral • Antihistamines, First Generation • Antihistamines, Minimally Sedating • Antihyperuricemics • Antimigraine Agents, Other • Antivirals, Oral/Nasal • Antivirals, Topical • Anxiolytics • Bile Salts • Bladder Relaxant Preparations • Bone Resorption Suppression and Related Agents • BPH Agents • Colony Stimulating Factors • Cytokine and CAM Antagonists (Excluding Rinvoq) • Cytokine and CAM Antagonists, Rinvoq • Erythropoiesis Stimulating Proteins • GI Motility, Chronic • Glucocorticoids, Inhaled • Growth Hormone • Hepatitis C Agents • Hypoglycemics, Insulin • Hypoglycemics, Meglitinides • Hypoglycemics, Metformin • Hypoglycemics, TZD • Immunomodulators, Asthma Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Immunomodulators, Atopic Dermatitis (Excluding Dupixent) • Immunomodulators, Dupixent • Immunosuppressives, Oral/SQ • Intranasal Rhinitis Agents • Iron, Oral • Leukotriene Modifiers • Lipotropics, Other • Movement Disorders • Ophthalmics, Anti-Inflammatory/Immunomodulators • Ophthalmics, Glaucoma Agents • Opiate Dependence • Pancreatic Enzymes • Pediatric Vitamin Preparations • Phosphate Binders • Platelet Aggregation Inhibitors • Potassium Binders • Prenatal Vitamins • Progestins for Cachexia • Proton Pump Inhibitors • Rosacea Agents, Topical • Sickle Cell Anemia Treatments • Skeletal Muscle Relaxants • Smoking Cessation • Stimulants and Related Agents • Thrombopoiesis Stimulating Proteins • Ulcerative Colitis Agents • Uterine Disorder Treatments • Urea Cycle Disorders, Oral Molina Healthcare Prior Authorization Forms	<u>PDL Criteria Guide</u>
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	<ul style="list-style-type: none"> • Phosphate Binders Molina Healthcare Prior Authorization Forms	<u>Phosphate Binders Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Promethazine Containing Products Molina Healthcare Prior Authorization Forms	<u>Promethazine Utilization Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Propylthiouracil Molina Healthcare Prior Authorization Forms	<u>Propylthiouracil Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Proton Pump Inhibitors Molina Healthcare Prior Authorization Forms	<u>Proton Pump Inhibitors Prior Authorization Form Addendum</u>
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	<ul style="list-style-type: none"> • Injectable PH Agents • Oral/Inhaled PH Agents Molina Healthcare Prior Authorization Forms	<u>Pulmonary Hypertension Agents Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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 (dornase alfa) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Pulmozyme Prior Authorization Form Addendum</u>
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	• Ranexa ER <u>Molina Healthcare Prior Authorization Forms</u>	<u>Ranexa Prior Authorization Form Addendum</u>
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 <u>Molina Healthcare Prior Authorization Forms</u>	<u>Recurrent Vulvovaginal Candidiasis (RVVC) Agents Prior Authorization Form Addendum</u>
Rezurock	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Rezurock (Belumosdil) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Rezurock prior Authorization Form Addendum</u>
Savella	1/22/2016	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Savella (Milnacipran) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Savella Prior Authorization Form Addendum</u>
SGLT2 Inhibitors	10/3/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Single Entity Agents • Combination Agents <u>Molina Healthcare Prior Authorization Forms</u>	<u>SGLT2 Agents Prior Authorization Form Addendum</u>
Skyclarys	11/28/2023	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Skyclarys (Omaveloxolone) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Skyclarys Prior Authorization Form Addendum</u>
Sphingosine 1-phosphate (S1P) Receptor Modulators	6/5/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Velsipity (Etrasimod) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Sphingosine 1-Phosphate (S1P) Receptors Modulators</u>
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	• Symlin (Pramlintide) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Symlin Prior Authorization Form Addendum</u>
Synagis	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Synagis (palivizumab) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Synagis Prior Authorization Form Addendum</u>
Systemic Corticosteroids	12/6/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Emflaza/Agamree <u>Molina Healthcare Prior Authorization Forms</u>	<u>Systemic Corticosteroids Prior Authorization Form Addendum</u>
Thiazolidinediones	5/15/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Pioglitazone <u>Molina Healthcare Prior Authorization Forms</u>	<u>Thiazolidinediones Prior Authorization Form Addendum</u>
Topical Acne Agents	2/12/2018	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Topical Acne Agents <u>Molina Healthcare Prior Authorization Forms</u>	<u>Topical Acne Agents Prior Authorization Form Addendum</u>

Texas Medicaid/CHIP Prior Authorization Criteria Information

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 • Protopic 0.03% • Protopic 0.1% • Eucrisa • Opzelura 1.5% cream • Zoryve <u>Molina Healthcare Prior Authorization Forms</u>	<u>Topical Immunomodulators Prior Authorization Form Addendum</u>
Topical Retinoids	9/9/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Topical Retinoids <u>Molina Healthcare Prior Authorization Forms</u>	<u>Topical Retinoids Prior Authorization Form Addendum</u>
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	• Tegsedi • Vyndamax / Vyndaqel <u>Molina Healthcare Prior Authorization Forms</u>	<u>Transthyretin Agents Prior Authorization Form Addendum</u>
Urea Cycle Disorder Agents	5/3/2019	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Urea Cycle Disorder Agents <u>Molina Healthcare Prior Authorization Forms</u>	<u>Urea Cycle Disorder Agents Prior Authorization Form Addendum</u>
Veozah	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	• Veozah (Fezolinetant) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Veozah Prior Authorization Form Addendum</u>
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	9/16/2014	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Austedo (Deutetrabenazine) • Xenazine (Tetrabenazine) • Ingrezza (Valbenazine) <u>Molina Healthcare Prior Authorization Forms</u>	<u>VMAT2 Inhibitors Prior Authorization Form Addendum</u>
Voxzogo	6/10/2022	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Voxzogo (Vosoritide) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Voxzogo Prior Authorization Form Addendum</u>
Wegovy	11/27/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Wegovy (Semaglutide) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Wegovy Prior Authorization Form Addendum</u>
Xifaxan	4/23/2012	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Xifaxan 200mg • Xifaxan 550mg <u>Molina Healthcare Prior Authorization Forms</u>	<u>Xifaxan Prior Authorization Form Addendum</u>
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 (Vemurafenib) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Zelboraf Prior Authorization Form Addendum</u>
Zoryve	12/12/2024	Information generally required to support authorization decision making includes, but not limited to: • Clinical notes • Lab work • Medication history Any other applicable documentation	• Zoryve (Roflumilast) 0.3% and 0.15% cream • Zoryve (Roflumilast) 0.3% foam <u>Molina Healthcare Prior Authorization Forms</u>	<u>Zoryve Prior Authorization Form Addendum</u>
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 (Ganaxolone) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Ztalmy Prior Authorization Form Addendum</u>
Zuruvae	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	• Zuruvae (Zuranolone) <u>Molina Healthcare Prior Authorization Forms</u>	<u>Zuruvae Prior Authorization Form Addendum</u>