

December 20, 2024

HHSC UPDATES CLINICAL PRIOR AUTHORIZATION CRITERIA GUIDES

BACKGROUND

HHSC has updated multiple clinical prior authorization criteria guides.

KEY DETAILS

HHSC reviewed the following clinical prior authorization criteria guides and made updates. The [list of revisions](#) is on our website.

- ADD/ADHD
- Aliskiren-Containing Agents
- Antimigraine-Triptans
- Appetite Suppressant Agents
- Buprenorphine Agents
- CGRP Antagonists, Prophylaxis
- CNS Stimulants
- Cortisol Receptor Antagonists
- Cytokine and CAM Antagonists
- Diclofenac Topical
- DDP-4 Inhibitors
- Duplicate Therapy
- Erythropoiesis-Stimulating Factors
- Evrysdi
- Fentanyl Agents
- Gabapentin Agents
- GI Motility Agents
- Growth Hormone Agents
- HP Acthar
- Immunomodulator Agents for Dry Eye
- Inhaled Antibiotics
- Lupus Agents
- Monoclonal Antibody Agents
- Opiate Overutilization
- Opiate/Benzodiazepine/Muscle Relaxant Combinations
- Oxycodone Extended-Release Agent
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors
- Voxogo

ACTION

MCOs may use the updated criteria guides to inform stakeholders of the updates for the optional clinical prior authorizations. HHSC will notify pharmacies and prescribers when VDP implements any of these criteria for fee-for-service.